G. R. S. IX-5]

Previous references.

File No. 70-18

1918-19

Serial Nos. 19, 21 & 22

(Med)

Later references.

Med 70-18/20, 24 & 25

GENERAL AND REVENUE SECRETARIAT.

Serial Nos. Three only

Part B for March 1920.

SUBJECT.

Constituting Medical Faculty.

(19) From: Dr M. Srinivasa Rao
Retd Surgeon Lt Col 9.1.20.
Encloses a copy of the proceedings of the meeting of the Medical profession held on 9th Nov 19 & duly the note sent by Rao Bahadur Raghavendra as a member of the Medical Relief Committee

(21) From, The Surg Gen Nos 218 dy 22.1.20.
Forwards a note from Dr M. Srinivasa Rao, Retd Surgeon on the note of Rao Bahadur Raghavendra

(22) From the same Nos 229 dy 29-1-20.
Submits a copy of the Proceedings of the Medical meeting and states that it is for the Govt to consider if Rao Bahadur Raghavendra is justified in passing remarks about the efficiency of the Govt Medical Subordinate Officers issued in Nos 21800-1 dy 22.3.20 Para 9 & 21802 dy. 22.3.20.

W D 1250—GPB—80,000—28-1-19

G. R. S. III—1]

191 Aug.

GENERAL AND REVENUE SECRETARIAT.

(Med)

NOTES.

File No. 70-18

FILE HEADING.

From

No.	Dated		Received
Diary No.	Enclos.	Spare Copies.	Serial No.

BRIEF ABSTRACT OF LETTER.

NOTES AND ORDERS.

NOTES—First Sheet.

G. R S. III-2]

12661

General and Revenue Secretariat.

Med File No. 70 of 1918 & 3

Serial No. 19

From. M. Srinivasa Rao Esq A.M.D. Dy of Revised Sanitary Commr. in Mysore

No mil 9-1 20

Enclose a copy of the proceedings of the meeting of the Medical profession held on the 10th Inst. to discuss the note submitted by Dr Nagarajamma, a Subscriber of the Medical Relief Committee. Submitted for ~~perusal~~ orders.

Egs
12-1-20 The opinion of the Senior Surgeon may perhaps be called for.

Chief Secretary) 13/1/20

I believe a copy of the same papers have been rec'd from Govt Separately Please keep this letter also in mapple.

27/1/20

NOTE—Contn. sheet.

G. R. S. III-2]

General and Revenue Secretariat.

3661

M&S File No. 10 of 1918.

Serial No. 21

From The Secy. Cenl. Rly
No. GC 218 D 22-1-1920.
Forwarded a note from Rly
W. Srinivasa Ayya for D. M&S
Madras on the matter of Mylapore
Subway submitted for perusal
will be placed with the original file when received in continuation
Gn 685 26/1 (Chief Secy.) 26/1/20
Ref/C/20.

May be filed with other papers
on the subject.
2nd member 28/1/20

Gn.
Ch.
29/1/20

File was submitted to the Chief Secy. on 19.1.20

3713
28.1.20

2661
1/2661

G. R. S. III-2]

General and Revenue Secretariat.

Med File No. 10 of 1918.

Serial No. 22

From the Surgeon General.
No 92 2 2 9 D 29th Jan 1920.
Submits a copy of the proceedings of the medical meeting and Notes thereon for the Govt to decide if Dr Flyer can be justified in passing remarks about the efficiency of the Sanitary officers
Submitted for perusal
Gp 688 In order file the chief Sg
28/1/20. 4) Recovered but the papers be filed.

2nd Member) 31/1/20

3872 / 3.2.20

may be linked with his memorial
[illegible]
4/2

Orders have been issued in No 9. 21800-1 D 22-3-20 and Reg. 21802 D 22-3-20.
This if approved will be recorded
Gp
24/3/20.

4 MAR 1920

NOTE—Contn. sheet.

DIARY No. 1266

Bangalore, Dated 9th January 1920.

From

M. Srinivasa Rao, Esq., M.A.,M.D.,D.P.H.,

(Retired) Sanitary Commissioner in Mysore,

B A N G A L O R E.

To

C. S. Balasundaram Iyer, Esq., B.A.,

Chief Secretary to Government,

Bangalore.

Sir,

With reference to Resolution 3 arrived at a meeting of the Medical Profession on 9th November 1919, I have the honour to enclose the proceedings ofthe meeting and the papers printed in connection therewith.

I have the honour to be,

Sir,

Your most obedient servant,

M Srinivasa Rao

PRESIDENT.,

of the meeting

A MEDICAL MEETING.

A meeting of the members of the Medical Profession was held on Sunday evening, the 9th November 1919, at 3 P.M. in the City to discuss the note submitted to Government by Dr. H.B. Mylvaganam, F.R.C.S., as Member of the Committee appointed to consider the question of providing increased medical relief in the State and which was published in the Mysore Gazette of 28th August 1919. Dr. M. Srinivasa Rau, M.D., D.P.H., Retired Sanitary Commissioner, was voted to the Chair and the following ladies and gentlemen were present: Miss R. Govindarajulu, Mrs. B. Perriton, Messrs. A.K.Pani, S.Amirtaraj, G.Asirvatham, T.G.S. Rau, D.S.Puttanna, J.V.Mascarenhas, V.L.Manker, Md.Usmon, G.M. Dominick, F.Fernandes, V.Abboy Naidu, K.Srinivasa Char, B.Krishna murti Rau, F.Noronha,, B.Nanjappa, J.Isvaramurti, S.Vardiengar and Sub-Assistant Surgeons D.Ramachar, Mahomed Ali Kaleel, B.S. Ramaswami, S.Ramaswami Iyer, D.Gopal Krishna Rao, Srinivasa Iyengar. Many of the Medical Officers in the districts who were unable to come sent in their views in writing, and letters of sympathy with the objects of the meting were also received from several others. (Vide annexure)

The following resolutions were unanimously passed at the meeting:-- ~~xxxx

The third resolution moved by Mr. B.Nanjappa and seconded by Mr. F.Fernandes authorised the Chairman to submit the proceedings of this meeting together with the written memoranda received from mofussil medical men, to the Chief Secretary to Government, to the Senior Surgeon and to the Sanitary Commissioner.

With a vote of thanks to the Chairman the meeting terminated.

M Srinivasa Rao

~~PRESIDENT.~~
(Retired) Sanitary Commissioner,
President

A Medical Meeting.

A meeting of the members of the Medical Profession was held on Sunday evening, the 9th November 1919, at 3 p.m., in the City to discuss the note submitted to Government by Dr. H. B. Mylvaganam, F.R.C.S., as Member of the Committee appointed to consider the question of providing increased medical relief in the State and which was published in the Mysore Gazette of 28th August 1919. Dr. M. Srinivasa Rau, M.D., D.P.H., Retired Sanitary Commissioner, was voted to the Chair and the following ladies and gentlemen were present: Miss R. Govindarajulu, Mrs. B. Perriton, Messrs. A. K. Pani, S. Amritaraj, G. Asirvatham, T. G. S. Rau, D. S. Puttanna, J. V. Mascarenhas, V. L. Manker, Md. Usmon, G. M. Domnick, F. Fernandes, V. Abboy Naidu, K. Srinivasachar, B. Krishnamurti Rau, F. Noronha, B. Nanjappa, J. Isvaramurti, S. Vardiengar and Sub-Assistant Surgeons D. Ramachar, Mahomed Ali Kaleel, B. S. Ramaswami, S. Ramaswami Iyer, D. Gopal Krishna Rao, Srinivasiengar. Many of the Medical Officers in the districts who were unable to come sent in their views in writing, and letters of sympathy with the objects of the meeting were also received from several others. (Vide annexure.)

The following resolutions were unanimously passed at the meeting:—

1. "That this meeting places on record its sense of indignation at the uncalled for and unprofessional remarks made by Dr. H. B. Mylvaganam on the Medical Profession in all its branches." Moved By Mr. S. Amritaraj and seconded by Mr. S. Varadiengar. Supported by Mr. V. Abboy Naidu, Mr. S. Ramaswami Iyer, Mr. D. Gopalkrishna Rao.

2. "That the meeting resolves to respectfully request the Government to call upon Dr. Mylvaganam to withdraw his Note." Moved by Mr. J. V. Mascarenhas and seconded by Mr. G. Asirvatham.

The third resolution moved by Mr. B. Nanjappa and seconded by Mr. F. Fernandes authorised the Chairman to submit the proceedings of this meeting together with the written memoranda received from moffusil medical men, to the Chief Secretary to Government, to the Senior Surgeon and to the Sanitary Commissioner.

With a vote of thanks to the Chairman the meeting terminated.

ANNEXURE.

1. NOTES SEPARATELY FURNISHED BY DR. H. B. MYLVAGANAM, MEMBER OF THE COMMITTEE APPOINTED TO CONSIDER THE QUESTION OF MEDICAL RELIEF.

Ceylon, with a population of 4,632,384 on 31st December 1917, had besides a Lunatic Asylum and Leper Asylum in Colombo which are capable of accommodating respectively 514 and 406 patients, 84 Government Hospitals with accommodation varying from 12 to 665 beds. Of these, in Colombo alone one meets with the following Medical Institutions, *viz.*, (1) The General Hospital with 665 beds, (2) De Soyza's Lying-in-home, (3) Victoria Memorial Eye Hospital, (4) Grenier Ear and Throat Infirmary, (5) Lunatic Asylum, (6) Lady Havelock Hospital for women, (7) Lady Ridgeway Memorial Hospital for children, (8) Convict Hospital, (9) Infectious Disease Hospital, (10) Police Hospital, (11) Bacteriological Institute, (12) Leper Asylum, (13) Anti-Tuberculosis Institute and (14) Ceylon Medical College. These Hospitals were well equipped with modern conveniences and appliance and officered by qualified medical men, the larger ones also having a trained staff of nurses. In addition to these Hospitals, there were 441 central and branch dispensaries. Besides

these, there were six other Hospitals in course of construction including a second Leper Asylum, in 1917. The Hospitals and Dispensaries in Ceylon are built, equipped and maintained by the Ceylon Government. All the medical men in charge of the Hospitals and Dispensaries are either Licentiates of the Ceylon Medical College which has existed for the past 50 years or men qualified in English Universities. There are no Sub-Assistant Surgeons in Ceylon.

But in Mysore State with a population of 5,705,359 we have only 174 Medical Institutions in all. Out of the 174 Medical Institutions, there are only 7 District Hospitals and 161 Local Fund Dispensaries, besides the hospitals at Bangalore and Mysore and the Minto Ophthalmic Hospital. Most of the officers in charge of the Dispensaries belong to a class of medical men indigenous to India, known as Sub-Assistant Surgeons. In the past, they have done useful work in the absence of a sufficient number of fully qualified medical men in India. As Mysore is a self-governing State, independent of British India, with enormous resources of its own, there is no longer any necessity to follow in the footsteps of the neighbouring Presidencies. Let us go a step further and follow the examples set by Ceylon and other British Colonies in their medical organization. Our district hospitals are badly equipped and officered. They have no staff of trained nurses to speak of. The officers in charge of these institutions are mostly incapable men. The number of men with European qualifications is very few in Mysore and we need more men with European training to be in charge of the District Hospitals. These hospitals require to be made more attractive and useful, by placing efficient men in their charge. Promotion by seniority in service has been the cause of retrogression in the past.

I earnestly suggest that we gradually replace the Sub-Assistant Surgeons with graduates or Licentiates in medicine as in Ceylon. It is only then that we can hope to give adequate medical relief to the people in the State. As the science of medicine has progressed by rapid strides during the past 20 or 30 years, it has become no longer possible to limit the curriculum of studies of the Sub-Assistant Surgeon class to four years. It is not possible to teach them all the important subjects within four years' time. Therefore the training must necessarily be inadequate. So, when these men go out into the world as medical men, they form very poor exponents of Western Medicine. It would therefore be more economical in the long run and more efficient, if we replace them with graduates whose curriculum of studies extends to 5 years or more.

The Ceylon Medical College has, during the past 50 years of its existence, been the back bone of its Medical department. It has not only supplied all the necessary recruits to the Medical department of Ceylon but has also supplied a good number of officers to the Straits Settlements.

If we are earnest in improving the medical organization of the State, the only course open to us is to start a Medical College at once. It will be the back bone of our Medical department and we shall never run short of recruits to our service. The best of our graduates could be sent to England for further training as is done in Ceylon. If my suggestion to replace the Sub-Assistant Surgeons with graduates in the course of time, is accepted by the Government, then we shall require all the graduates we turn out for the next 20 years or so, for our own medical service. The question of expenditure should not stand in the way of improving our medical service.

The State is urgently in need of a Medical College to train our men to take charge of our hospitals and dispensaries and the longer we delay in making up our minds, the worse it will be for the future welfare of the State. I have always contended in and out of season that economic process of the State for which we have spent lakhs of rupees in the past will result in no benefit to the population if we neglect their health. Their very vitality is being undermined at present for want of timely medical relief and their earning capacity is thereby reduced to a minimum. Instances are not wanting in malnad districts where malaria and anchylostomiasis are playing havoc and are sapping the vitality of the inhabitants. The peoples of the State appreciate Western Medicine in preference to the indigenous systems of medicine as is evidenced

by the large number of patients who seek medical advice in all the large and well-equipped hospitals of the State. If the people in the villages and taluks don't take kindly to Western Medicine, the fault lies on our part in not providing them with efficient men and well-equipped institutions.

The Mysore University Senate and the present Committee are unanimously in favour of a Medical College to be established in Bangalore. In the absence of a suitable building to start a Medical College on a large scale, we shall be able to make a small beginning with 20 students just now with the accommodation available at present in the temporary Medical School and in the Dissecting Room newly erected for the Sub-Assistant Surgeon's Class, with a little inconvenience. There will be no difficulty for the first two years. The first year class in Physics, Chemistry and Biology will be held in the Central College and Anatomy in the present Dissecting Room. In the second year, an additional class in Physiology can be held in the present Medical School, and the necessary equipment will not be much, considering the limited number of students proposed. In the meantime, a suitable building for a Medical College will have to be erected in the site already selected. The probable sum required for the building and equipment and the recurring expenditure are mentioned in the Committee's report. We would require a Professor in Physiology for the second year as we have no suitable men in our service to take up that subject. The subject for the 3rd, 4th and 5th years will necessarily have to be taught in the wards except Pathology and Bacteriology and Hygiene which require well-equipped laboratories. In this connection, I wish to point out the urgent need of an up-to-date Bacteriological Institute, and Public Health Laboratory for the State, officered by qualified men, competent to make original investigations in tropical and other diseases peculiar to India. We have enough materials for such research works in our midst, but alas, we are sadly wanting in men to undertake the work. We have no experienced and competent men at present, we can prepare vaccines and sera for the treatment of cases requiring such therapy. We require a man with an established reputation for such work, to be placed in charge of the Bacteriological Institute. He would be of great help to the Medical College in the 3rd year.

In my report to the Senate, I have also made provision to train our students for the Degree of Bachelor of Hygiene. The Sanitary Department of the State requires expansion and the Medical College will be able to supply thoroughly trained men for the work in future years. During the last epidemic of Influenza, our Sanitary Department proved quite inadequate for the task. No effort was made by them to investigate into the causes of the epidemic. Their method of treating Cholera is quite antiquated. The number of sanitary officers in the department is not adequate to meet the requirements of the State, especially in times of severe epidemics. The Sanitary Department of Ceylon consists of a senior Sanitary Officer, one junior Sanitary Officer, two Assistant Sanitary Officers, 109 Sanitary Inspectors, a Sanitary Engineer, a Sanitary Superintendent and coolies. I mention these facts relating to the Sanitary Department as they are intimately connected with Medical Department and the medical training institutions present and prospective.

As the initial expenditure for the first two years is not a large sum, I earnestly request the Government to start a Medical College in July next. It takes 5 years to turn out a graduate and the sooner we start one the earlier we shall get our men for work. If a Medical College is started at once, there will be no need to re-organise the Medical School as the same Professors will be able to teach the Sub-Assistant Surgeon side by side with the M.B. Students as was done in Madras before the Royapuram Medical School was opened. Even now the Military Assistant Surgeons attend the same classes as the M.B. students. But if the Medical College is likely to be delayed, then I would urge that more scholarships be given to Sub-Assistant Surgeon students and the allowance to the lecturers be increased to Rs. 100 per mensem and that of the Principal to Rs. 150. The present allowance is very small considering the number of hours spent in preparing the subjects and in lecturing to the students. A building for the Medical School and a Hostel is urgently required. The students at present are undergoing very great inconvenience for the want of suitable hostel arrangements. They are obliged to board and lodge amidst

unhealthy and undesirable surroundings and are unable to get suitable meals at proper time. A hostel for them is urgently needed. A suitable building could be rented near the Hospital on a moderate monthly rental, if permission is granted.

The Ayurvedic and Unani systems as practised at the present day do not form systems of medicine but a system of pharmacy. These systems of antiquity may have done some useful work in the past when the Western medicine was in its infancy, but they have long ceased to progress. The extreme conservatism of the Vaidyas to impart their knowledge to others had been the cause of retrogression. Many valuable drugs have been entirely lost to the world with the death of those successfully practising them at one time. But many of the drugs used by the Vaidyas of the present day, in a crude form, are used in the Western Medicine in the form of alkaloids and salts of the metals in smaller and effective doses. They have no books on Pathology, Physiology, Anatomy or Bacteriology. The surgery practised in ancient times was very crude. To attempt to revive these ancient system is a profitless task associated with many difficulties and we shall be setting back the hands of the clock to some centuries behind. But it would be profitable if we should scientifically investigate the indigenous drugs of India by appointing well trained Pharmacologists in connection with the Medical College or the Indian Institute of Science at Bangalore.

The immediate requirements of the Department are as follows :—

(1) A new Maternity Hospital near Victoria Hospital, with modern conveniences and appliance and officered by a highly trained Lady Doctor. A ward for treating children may be attached to it.

(2) The same for Mysore.

(3) A Lunatic Asylum in a suitable locality to accommodate at least 300 patients.

(4) A well equipped Bateriological Institute on modern lines with facility to manufacture vaccines and sera on a large scale for the use of the State and to conduct original research work. We have not a single competent man at present in the Sanitary Department to undertake this useful and all important work. We should import a man with an established reputation to conduct research work and offer him a decent salary. To depute a raw recruit to England to study advanced Bacteriology and Pathology and to expect him to conduct research work on his return with profit to himself and others, is a matter of doubtful expediency. One must have sufficient aptitude for research work. Therefore if we can get a man with an established reputation at the onset, we shall be able to train our men under his supervision. It takes years of patient study to acquire that amount of knowledge requisite for research work. A sojourn of a few months in England and the passing of the D.P.H. Examination do not confer the necessary training for this kind of work. I mention the urgent need of a Bacteriological Institute in this report, because we require the co-operation of a Bacteriologist for diagnosing some of our cases by the examination of blood and other excretions of the body and to prepare vaccines for suitable cases.

The present building is an old chattram not suited even for lunatics. A medical man qualified in mental diseases should be placed in charge of it. The present methods of placing any and every one in charge of the lunatics, because they are lunatics, is a retrograde method. It is not at all fair to these unfortunate patients. We should depute an officer to proceed to England to study mental and nervous diseases and on his return he should be placed in charge of this institution.

(5) The accommodation at the Victoria Hospital is quite inadequate to meet the evergrowing demands. Many urgent cases have to be admitted with great inconvenience to others and some times bordering on overcrowding, for want of accommodation. At present there is only accommodation for 140 patients. At least we require not less than 250 to 300 beds at an early date.

(6) An isolation ward to isolate all suspicious cases of fevers and to treat such infectious diseases as enteric fever, diphtheria, etc., has been a long felt

want. At present these cases have to be treated side by side with other non-infectious cases which are not at all desirable and not fair to other patients.

We want a well qualified physician to take charge of the Medical Wards at the Victoria Hospital. The present method of placing inexperienced Assistant Surgeons in charge of the medical wards is not at all satisfactory and not in the interest of the premier hospital of the State. We are living in a progressive age and we should march with the times. A man with the diploma of the membership of the Royal College of Physicians (London) or M. D. London is desirable and dignifying to a hospital like the Victoria. All the physicians in Colombo possess these qualifications.

A Pathologist with the additional knowledge of advanced Bacteriology and tropical disease is urgently required for Victoria Hospital. At present, the important work of the Pathologist is entrusted to Sub-Assistant Surgeons with the most elementary knowledge in the subject. Their diagnosis in many instances is unreliable. All well-equipped hospitals, in the civilised world, are provided with *able pathologists*. He forms the back bone of the hospital and his help is eagerly sought after by the physicians and surgeons. An officer may be deputed to England to study these subjects. A similar officer is also required for the Mysore Hospital. A dental Surgeon and a specialist for ear, throat and nose diseases are also required for the Victoria Hospital as well as the Mysore Hospital. We may depute four of our men to study these subjects.

(7) The present Leper Asylum where these unfortunate patients are being treated is a dismal looking and a dingy building. There is hardly any equipment worth speaking. A new building with accommodation for a large number of patients is required. The building should be outside the Infectious Disease Hospital. At present this Asylum is located within the Magadi Camp where all forms of infectious diseases are treated. The lepers require better attention than what they are receiving now. The treatment adopted is very antiquated. The modern methods of treatment are not followed. The dressings used are dirty bandages and cotton soaked with morgosa oil. I noticed this unsatisfactory state of affairs when I once visited this hospital in October last.

(8) *A home for incurable.*— At present all incurables from the Victoria Hospital are either sent to the Magadi Camp or are taken away by the relatives of the patients to their homes. The unfortunate ones who have no home comforts prefer to go to Magadi Camp, but they don't find a bed of roses there for them. The condition in which I found them in October last was a pitiable one. These unfortunate patients go there to spend the rest of their days suffering from ailments beyond the reach of science and it is the duty of the City Municipality to provide a fairly comfortable home for them to make their life tolerable and happy. The people who talk of civic and social duties on public platforms may usefully direct their energies in this direction. It is the duty of the philanthropic public who speak of civic duties and social service to provide for the comfort of these miserable fellow citizens. In the absence of such help coming forth readily, the City Municipality or the Government may take up this subject.

In the main report we have mentioned the number of medical men required for expanding our department during the next five years. But they are meant for district work. In addition to that number, we require a few more for special work in Bangalore. I propose that we engage the services of two thoroughly qualified men with the requisite English degrees or diplomas to fill up the post of the Physicians to the Victoria Hospital and the Director of the Bacteriological Institute. To send an officer to England to pass the M.R.C.P. (London) Examination will not only take lot of time and money but after all one may not be sure of the success of the candidate as the examination is a difficult one. It would be cheaper to engage one who has already passed it. One who has passed the M.R.C.P. Examination will also be competent to teach Physiology in our Medical College when it is started.

For the Directorship of the Bacteriological Institute, we require an officer who has already established a reputation for research work.

Barring these two important posts, the rest may be filled up with our own men trained for a definite period in England. These are two Dentists, a Specialist in ear, throat and nose diseases, two Pathologists for Victoria Hospital and Mysore Hospital, and a Specialist in mental diseases for the Lunatic Asylum. The appointment of a highly qualified Lady Doctor for the Maternity Hospital when the present incumbent retires has also to be considered now. Such an officer will be urgently required for lecturing at the Medical College in midwifery and diseases of women and children. If we can equip our hospitals in Bangalore on these lines, we shall need no outside help for the future Medical College and we shall be able to run it on modern lines with great success.

In my opinion the pay of the Sub-Assistant Surgeons should be raised to the Madras standard, *viz.*, Rs. 50 to 120. Otherwise it will be difficult to obtain recruits for our service. There is much discontentment and heart-burn among them and the sooner their pay is increased the better would t be for the department.

2. The Secretary, the All-India Sub-Assistant Surgeons' Association, Mysore Branch.

Dr. H. B. Mylvaaganam is a person of great knowledge and experience and some of his views are really very sound but regarding the capacity of the Sub-Assistant Surgeons his remarks are quite discouraging and demoralising. When he complains "our district hospitals are badly equipped and officered, they have no staff of trained nurses to speak of..... .....We need more men with European training to be in charge of District Hospitals." Nobody can take exception to those statements. It is really a wonder that when many well known I.M.S. Officers speak highly of the services rendered by S. A. S., and when there are such brilliant men among them as Rai Bahadoor Sarjuprasad, Rai Bahadoor U. Rama Rao, etc., it is really inexplicable how or why Dr. Mylvaganam makes such sweeping condemnatory remarks regarding the efficiency of those who are labouring under the heavy burden of their duty. Either Dr. H. B. M. is ignorant of the capacity of those men or he must have come in contact with a few really incapable men and so must have generalised and made the sweeping remarks. Though I have the highest regard Dr. H. B. M. as a very capable medical officer still I must very strongly protest against his remarks as I believe that thereby he unjustly condemns men who are rendering yeoman service to the country and to the department.

I am only a junior in the art and as such I am not capable of criticising a man like Dr. H. B. Mylvaganam who holds the highest diploma in the British Isles. His whole tenor in the memorandum including his speech at the last Unversity Council shows his idea of having a medical college in the State without knowing the needs and consequent expenditure to the State. No doubt it will be pleasing to add a medical faculty in the University but the equipment and the condition of the hospitals are quite inadequate.

His comparison between Ceylon Government and the Mysore State shows his want of knowledge of the state of affairs and the condition of the people of both the countries. The whole of Ceylon educational system is attached to the English Universities and the lowest educational qualification for entering the profession is either Cambridge entrance higher or lower and they are admitted into the College without any further literary career. In India the lowest qualification for entering the medical school is either the Matriculation examination or other equivalent examination and for the University they must be either graduates or intermediates. Thus we see the educational qualification for entering the profession is higher than that of Ceylon and as such there is no necessity for a separate class of Sub-Assistant Surgeons in Ceylon nor was it in existence ever before.

The Sub-Assistant Surgeons in charge of dispensaries are doing more useful work than those of District head-quarters. They not only look to the local dispensaries but also attend to vaccination inspection of schools, infectious and epidemic diseases within each one's area. By his remarks "as insufficient qualifications" I am sorry to state that the author has no knowledge of the history and the progress of Sub-Assistant Surgeons since its origin.

The same class of Sub-Assistant Surgeons has become masters of some branches and are as efficient as many of the I.M.S. officers. Instances of this kind are not wanting. Our General Secretary is now at the head of a General Hospital at Indore. A Sub-Assistant Surgeon in a Southern District is doing more cataract operations than the Eye infirmary in Madras a fact which was questioned in one of the legislative assemblies in Madras. Any inefficiency in the department is not due to want of knowledge but want of opportunities to learn. The Mysore Medical Department is well noted for jealousy and hatred among the members of the profession. Their inefficiency is entirely due to the superior officers in the State who do not possess any brotherly love in the profession. But an attitude of aristrocracy is prevalent and predominant. This state of affairs is only in existence in the State and not outside where they are properly trained and allowed to improve in the Art.

His saying that adequate medical relief can be given only by the graduates is not true for his remarks are quite contrary to those of eminent men like Sir George Lukis, D.I.M.S., Col. Bannerman, Surgeon-Genl. to the Government of Madras, Lt. Col. Giffard, Major Simons, Major Benson, Lt. Col. Niblock, etc., and he though head of a Medical Institute in Bangalore is not aware of the changes in the curriculum of studies for the course of S.A.S. The course is raised to one of five years instead of four and has been brought up to the same level as that of L. M. S. As such the training they receive is quite adequate to the needs of the public and they are good exponents of the Western Science when properly trained and encouraged. No man can develop the Science and become perfect in all the brances but can only do so in any portion of its branches when he is in charge of some special branch to which he devotes himself after the School career.

No doubt the medical relief in the State is inadequate and I certainly agree with the idea of increasing the medical relief. The district hospitals are very badly equipped to the times and the men in charge though able to attend to some work are handicapped for want of better equipment. The taluk or L. F. dispensaries are even worse and are not suited to the times.

The idea of increasing the allowance to the professors is more of a selfish nature, for the lecturers in Madras are only paid Rs. 50 each and the Superintendent gets an allowance of Rs. 100 where they have to deal with higher number of students than here.

His idea of recruitment from abroad without training the local man is not correct and he is not aware of the dearness of medical men in the world.

3. Sub-Assistant Surgeons, Krishnarajendra Hospital, Mysore.

Anent the notice, dated 28th October 1919, calling for the views of all the medical men in the State retired or otherwise, we fear whether or not, the meeting intends to include in its category of considerations the cause of the ill-fated Sub-Assistant Surgeons as well.

In this land of caste, color, creed, distinctions, differences, nay shades of differences, it is no wonder that they should look down upon the Sub-Assistant Surgeons who perhaps form the Panchama of the Department.

Now-a-day the cry is for the elevation of the depressed classess-bettering of the backward communities-encouragement of the masses. While such is the spirit everywhere, the Sub-Assistant Surgeons feel themselves touched to the quick by the individual opinion which rather seeks to cast the Sub-Assistant Surgeon in the go-down of oblivion or sweep him out of the line altogether.

It may be that the Sub-Assistant Surgeon may not know the embryology of the Tibialis Anticus, or it may be that he may not jabber out the names of the causeless tumorous growths or the names of tendrils, axons, etc., etc. But no two words are necessary to assert the fact that he may be depended on for even the most complicate practical work ; provided no air of superiority or bookish egotistic arrogance stands in the way of his noiseless progress under the hand of sympathy and encouragement. If the tool is bad mend it, but don't quarrel with it.

Space does not permit to quote instances of the Sub-Assistant Surgeons having done more than ordinary share of work :— e.g.,

A Sub-Assistant Surgeon in the Punjab who has done numberless cataract operations.

Of course, when these are treated as exceptions, we have to treat the individual opinion regarding Sub-Assistant Surgeon as exception too.

We are content to close this with the opinion of a member of experience and long service and for years Superintendent of Medical School: —One Lt. Col. Bryson, F.R.C.S.E.

"A Sub-Assistant Surgeon corresponds in terms of Currency to the nickel anna, the coin that serves the multitude.. As is the whole greater than the part, so is the moffussil greater than the city and if we would talk about the death-rate of India and methods of reducing it we must remember that it is the quantity we require in qualified men. The millions live in rural tracts, not in the towns. It is the Sub-Assistant who is going to carry succour to the victims of ill-health in India, i.e., moffussil. M.B. & C.M. is quite in his right place in the bigger hospitals, but for many reasons L.M.P. is the man for reducing the mortality rates on a bigger scale."

several of these men have been, and are to be, appointed in the permanent cadre is enough testimony to the ability of Indian graduates.

10. It is difficult to see how the medical organization of the State can be improved by the mere opening of a Medical College in an abrupt manner, instead of allowing the present medical school to develop gradually. In my opinion it will at least take five years to start a Medical Faculty.

11. It is unfortunate that an officer of Mr. Mylvaganam's standing should have chosen to sit in judgment over officers of departments of which he has no knowledge whatsoever. Most of Mr. Mylvaganam's remarks are unwarranted and, to say the least, do not conform to the ethics and etiquette of the Profession. He has practically condemned and censured the whole medical profession in all branches of work. His remarks of a most damaging character, that the officers now in charge of hospital wards, Lunatic Asylum, Public Health Institute, are not competent, are beneath notice. Every one in the Profession understands the great usefulness and importance of having Pathologists, Bacteriologists, etc., for large Hospitals. There are at present quite a good number of qualified men in the State service who could do all the work quite satisfactorily and creditably if they are relieved of a lot of cumbersome, routine work.

12. Mr. Mylvaganam's argument about the D.P.H. being no special qualification for Bacteriology applies equally to the Fellowship examination in Surgery. The D.P.H. man who undergoes a special test in Bacteriology has clearly a better right to call himself a specialist in that branch than the self-styled specialists who need only put in a bare attendance for a few months in the respective Hospitals.

13. Mr. Mylvaganam accuses the Mysore Sanitary Department of having proved unequal to the task of investigating the cause of the last pandemic of Influenza. He is evidently ignorant of the fact that the investigations in this direction by the most eminent men in all parts of the world have not been attended with success.

The Mysore State sanitary officers, who are not at all too numerous, did their level best in combating the disease and none can say that the measures adopted were any the less effective than elsewhere in India. Mr. Mylvaganam only betrays inexperience and lack of administrative training in speaking airily of shortcomings attendant on the task of combating a pandemic of the most gigantic magnitude that confronted the world.

14. In conclusion, I beg to submit that inaccurate and unwarranted remarks are hardly conducive to a correct appreciation of the various aspects of the question, such as will help its satisfactory disposal.

5. M. USMON, L. M. & S. (Madras.)

There is no need for me to say much as Dr. A. K. Pani who has intimate knowledge of medical matters both in Ceylon and Mysore has furnished us with his views on the subject of Medical Relief in Mysore and Ceylon. I shall content myself with a few observations only.

The "Note" furnished by Mr. H. B. Mylvaganam to the Committee appointed to consider the question of Medical Relief in Mysore and published in the Mysore Gazette may be characterised as an undeserved and unjustifiable attack on matters medical in the Mysore State. Like Mr. H.B. Mylvaganam, Dr. A. K. Pani who served in Ceylon is also entitled to offer an opinion in the matter. Taking grade for grade Dr. A. K. Pani has successfully proved that the Medical Officers in Mysore possess medical degrees of a higher standard at the time of appointment in service. It is therefore reasonable to infer that the lower medical staff comprising the Sub-Assistant Surgeons and serving the largest number of population in the State, is better than the Apothecaries of Ceylon, that the Officers in higher grades who have not been to England are equal to if not better than those in a similar position in Ceylon, and that the England returned officers in Mysore State are also equal to if not better than the England returned officers in Ceylon. Hence it is pardonable if one does not wish to take Ceylon as a model.

No human institutions are perfect. It is no doubt true that improvement is needed in some directions. Where the requisite staff has been provided, the medical officers of Mysore have performed operations and discharged their other duties satisfactorily winning the approbation of high British Medical Officers who can speak with better authority than Mr. H. B. Mylvaganam.

If Mr. H. B. Mylvaganam intended to praise the Apothecaries or other Medical Officers of Ceylon there was no need for him to be offensive to his present brother Officers in service who might very well question his professional superiority which he seems to assume, as, otherwise, he would not have gone to the length of passing remarks on their capacity, which remarks are, to put it mildly, not the etiquette of the profession. His remarks on the professional abilities of the officers in the Sanitary Department appear to be uncalled for. The Department might require increase of staff but the present officers are doing remarkably good work.

It is not clear what purpose is served by decrying the merits of the Sub-Assistant Surgeons who are a useful body of medical men. Most of the L. F. Dispensaries are manned by these hard-working officers who after passing through a stiff course in the Madras School have proved themselves useful men after a very short time of their appointment in service. Wherever L. F. Dispensaries have been opened it has been found that they have drawn patients to such institutions. This would not be the case if there was no worth in them. If they have not completely ousted the native physicians the reason is that Indians are by nature conservative, and old institutions die hard. The increasing demand for more Dispensaries shows which way the wind belows. Dr. A. K. Pani who was a professor in the Medical School in Ceylon and whose opinion may therefore be relied upon puts down the qualifications of the men in charge of Mofussil Hospitals in Ceylon as those of the Apothecaries Class. The standard at the Madras Medical School is far higher, and comes very near to that of graduating in Medicine in some Universities. It can therefore be said that hospitals in the mofussil in Ceylon are not manned by a type of medical men in any way superior to the ordinary Sub-Assistant Surgeons in Mysore and the medical relief these afford must certainly be at least as good as in Ceylon. Mr. H. B. Mylvaganam has not seen the mofussil Sub-Assistant Surgeon actually at his work in his surroundings. The existing system of periodical departmental examinations and deputations to the large hospitals in the State is keeping the Sub-Assistant Surgeons up to the mark. They could, however, be made more efficient if it is prescribed during their deputation to the large hospitals they should perform three or four operations of each of the ordinary but important kinds. The Sub-Assistant Surgeon will really do very much better work if he is given an extra assistant of a

better type than the present day Compounder. For instance, in surgical cases, and cases in which chloroform has to be administered the Compounder is of little or no assistance as he has not the training to intelligently attend to the patient when the Sub-Assistant Surgeon is operating. Sometimes the Sub-Assistant Surgeon is helpless in giving immediate relief as the risk of an operation without reliable assistance is great. To get the best out of the Sub-Assistant Surgeon and the existing hospitals, and to give better medical relief to the rural population a trained staff of more intelligent men as assistants to the Sub-Assistant Surgeons is very essential. In condemning the Sub-Assistant Surgeons in Mysore as incapable men Mr. H. B. Mylvaganam is condemning the whole body of medical men of that class in Madras Presidency and of other Presidencies in India where their worth has been recognised.

Mr. H. B. Mylvaganam's suggestion that Mofussil Hospitals should be officered by graduates in Medicine is coming too late in the day. As a matter of fact, graduates in Medicine, whenever available are gradually being posted to important L. F. Dispensaries. Even if a Medical College or Medical Faculty be established in Mysore it is very doubtful whether, considering the growing needs of the State and the population, the class of Sub-Assistant Surgeons who are not graduates in Medicine can be entirely done away with. All over India the necessity of men of this class has been recognised. With a Medical College and a Medical Faculty we may no doubt have more graduates. In the near future we shall be opening more Dispensaries. In fact according to the recommendations of the Committee we may expect to have 110 Dispensaries in the course of the next five years. Not all graduates passing out from the University will join Government service. Then, how long will it take us to locally produce 110 graduates in Medicine to man these 110 Hospitals? What about the existing Hospitals which have not yet got graduates in Medicine? It is therefore not easy to get a graduate for every moffussil Hospital in the near future. But for this reason, it is not advisable to postpone medical relief until we produce medical graduates from our University. As we shall be always in need of Sub-Assistant Surgeons it is very desirable that we should give the best training that is possible under the circumstances to the recruits. We should endeavour to produce better men than the Apothecaries of Ceylon, or even the Sub-Assistant Surgeons of Madras.

Mr. H. B. Mylvaganam in the course of his lengthy "Note" proposes the importing of suitable men as Professors for teaching certain subjects in the proposed Medical College. It would be more advantageous if local officers who have aptitude for such subjects are sent to Europe to get the requisite training. Such men are available in Mysore State although Mr. H. B. Mylvaganam appears to see no merit in any one in Mysore, just as he sees nothing good in any of the existing institutions. The proposal to import men is not quite patriotic. As it may take five to ten years more to open the Medical College the subject of deputing suitable officers to England should be taken up seriously immediately.

6. B. K. NARAYANA RAO, M.B., C.M. (Madras), M.R.C.S., L.R.C.P., D.O. (Oxon).

Before proceeding to my remarks I must observe with much regret, that Dr. Mylvaganam in an otherwise valuable paper, should have thought fit to incorporate sweeping derogatory remarks on many officers, who would justly resent them, as I believe he had not adequate opportunities of judging their worth—especially in comfortable surgical conveniences.

Again, it is a wonder to me that a successful surgeon of Dr. Mylvaganam's standing should still retain the worship of the fetish of University degrees in general and particularly those of British manufacture especially of London. I do not deny that London qualifications do demand a fairly high standard of ability but to assert that possession of even the M. R. C. P. (London) is necessarily a proof of professional skill and ability is not short of the ridiculous.

Now to deal with the points seriatim :—

(1) Having little experience of Ceylon I cannot say anything of medical help there but if it is 4 or 5 times as plentiful and much better than here, the lucky inhabitants must be congratulated on the low death-rates, low infantile mortality rates and high average of life that they may reasonably be expected to have. During my College days in Madras numbers of picked Ceylonese students used to be sent to Madras with scholarships for medical study and from this, one would reasonably infer that the Ceylon Government at least considered that Madras Medical Training and Degrees were superior to their own.

(2) The continuance of the poorly paid S. A. S. class is purely a question of financial adequacy. To improve their lot, to attract better candidates to it and eventually to lengthen and improve their course is a laudable ideal. To argue that they should be extinguished because they are considered "unqualified" in England, appears to me unsound. Till 1915 almost all American Doctors (excepting those of one or two Universities) were considered 'unqualified' in England. This 'stigma' did not lead to the U. S. A. closing their medical faculties as we are now inferentially advised to do with our schools. Moreover disabilities attach even to our degreed men, for ex : even so well qualified a surgeon as Dr. Mylvaganam may not be allowed to practice in France, or Germany without further 'qualifying.'

That substitutes should be manufactured sufficiently rapidly to replace the Sub-Assistant Surgeons, appears to me a feeble argument for the opening of a medical faculty. It stinks of the stale idea that some of the British Indian Universities were originally established with no higher motive than to turn out Government servants. If our University can afford—it is a matter of funds it ought to establish a medical College as a matter of duty to the community at the earliest possible moment for it is rightly held that the purpose of a University is to increase knowledge and to spread it and perhaps only incidentally to find a living for its alumni. For this purpose we require a college with well equipped laboratories and libraries and experimental rooms. We require men who must be paid handsomely to be above want and anxiety and so able to command a fair amount of leisure to do some research work. It is suicidal to start a college any how, ill-equipped, manned by people poorly paid and so forced to earn pickings by the routine drudgery of private practice and having no time and being too tired for any scientific thinking. Such a make-believe of a College—Dr. Mylvaganam's economic estimates give me the fear of such a one-would only be a standing example of our shortsightedness and failure. We want a College, but a real live one with plenty of money spent on it and worked by men who are kept above the necessity of ever anxiously begging for driblets of allowances. A dismal failure should not replace a want.

(3) As medical men with the privilege of a scientifically trained mind, I think it would be incorrect for us to treat Ayurveda and Unani with contempt without knowing the other side well.

(4) Dr. Mylvaganam's suggestion that District Hospitals should be better equipped and have a nursing staff is certainly a valuable one; but I object to the statement that European qualified men should man them, inferring thereby that Indian Graduates are incapable of doing so. This I feel is incorrect and offensive. That a man would become a better surgeon and a more capable officer by foreign travel and study would admit of no argument but to say that all men with Indian degrees are inferior to every one with a European qualification is, to say the least, untenable. As a matter of fact, in Madras and Calcutta among private practitioners, purely Indian Graduates predominate among the leading physicians and surgeons. When the Madras Medical College and General Hospital were depleted of their I.M.S. staff during the war, 4 local graduates were appointed, 2 M.B's and 2 L.M.S. as pathologist, surgeons and physicians in preference to others in service, some with European qualification also. Similarly a Madras M.B. held charge as Assistant Superintendent of the Maternity—the biggest institution of the kind in India. By all reports their work was in no way inferior to that of their European born European qualified predecessors.

One thing is beyond doubt—namely: the necessity at present of a European training for certain special branches of medicine and surgery—such as Urology, Otology, Mental diseases, Ophthalmology, etc. There are no properly organised clinics for advanced study in this country in these specialities and till such are formed—a European training will be valuable.

I believe that the comparatively smaller amount of surgical work performed in some of our District Hospitals is partly due to the want of nursing convenience and also due to the inordinate amount of official routine work taking up much of their time and not due to any inherent incorrigible incompetency in the officers.

(5) Even the elaborately organised main Hospitals in the cities of Bangalore and Mysore admit of improvement is a fact. Dr. Mylvaganam's suggestion to have well trained pathologists cannot be too highly praised—a good pathologist is an absolute necessity in a modern institution. In this connection I cannot but express my feeling that a great deal of good work can be accomplished, as it is, were medical men relieved of much work which could well be done by trained compounders and laboratory assistants. Supply of such trained and fairly well paid menials in adequate numbers is a crying necessity.

Dr. Mylvaganam's plea for a proper Leper asylum and a Home for incurables is made none too early and finds its echo in everybody.

A good mental Hospital on a fairly large scale is certainly an urgent necessity. Psychological medicine has made such advances of late years that we would not be doing our best by our mentally afflicted if such an institution be not manned by officers specially trained in psychology.

(6) Dr. Mylvaganam's demand for a reputed specialist in Bacteriology to direct the manufacture of serums and vaccines on a large scale is indeed a tall order. There are only 2 places in the whole of India where only a few serums are manufactured in some quantity. One who has some acquaintance of places where serums are manufactured and standardized will appreciate the magnitude of the task and the difficulties attendant on such a course. Indeed in Europe manufacture of serums has become almost a scientific industry and very complicated. I believe it will not be in the near future that we can manufacture sera in Mysore.

The case of vaccines is different. They can be prepared in any well equipped laboratory and having had them prepared for me in the Public Health Institute—it is difficult to follow Dr. Mylvaganam's emphatic statement that there is not a single officer among us who could prepare them on a large scale. It is true that we are feeling the lack of adequate bacteriological assistance but this is due not so much to our Laboratory officers knowing nothing about vaccines but to our Public Health Institute being very poorly equipped, inadequately staffed and unfurnished with such adjuncts as an animal farm, cold storage, etc.

Dr. Mylvaganam says deprecatingly that a D.P.H. training will not make a bacteriological specialist capable of research. It is true but such a training lays the foundation for such an acquirement just as much as the F. R. C. S. diploma does not make the successful candidate an accomplished surgeon but is a hall-mark of a training likely to produce one in time. In fact these two diplomas stand on a level and till a few years ago Bacteriology and Public Health were specialities—advanced knowledge in which qualified for the fellowship of the Royal College of Surgeons of Edinburgh as much as knowledge of advanced operative surgery did.

In conclusion I believe that Dr. Mylvaganam's direct and terse statements regarding some of our requirements are of much value. The only pity is that he appears to be too pessimistic regarding local training and local talent—and this in spite of the lesson that we have been learning every day during these 4 years of war—namely, that in every sphere of human activity, given opportunities, individuals have shown remarkable capacities and risen to heights undreamt of before.

S. SUBBA RAO, M.B., C.M. (Madras), M.R.C.S., L.R.C.P., D.P.H.

I was so pleased to see your note (A. K. Pani's) every word of which I fully endorse. You are perfectly right in saying that the Medical College should not be opened abruptly. If they do so, it will be no better than the Ceylon Medical School and will never reach the standard of a University Medical College. We might wait and see what sort of Sub-Assistant Surgeons are produced by the Bangalore School, before embarking on grander things.

So far as administrative work (Sanitary and Medical) goes, it is not necessary to make any remarks, as the statements are made by one who has no knowledge of Mysore Province and has not seen anything beyond Bangalore City.

J. V. MASCARENHAS, M.B.,C.M. (Madras), D.T.M., D.P.H.

1. As there are Ayurvedic Schools in the State, the students passing from these Institutions may be trained in vaccination and posted to rural areas where medical aid is scarcely available. For the present one man can be appointed for 2 Hoblis to work both as vaccinator and medical man. The pay of the vaccinators has been increased to Rs. 15—25 and the men trained in our Ayurvedic schools would thus be able to get employment.

2. For the present there is one sanitary inspector for one taluk. He cannot be expected to do justice to his work. The work of sanitation may be delegated to the sheikdar of the hobli where in virtue of his position as revenue inspector he would better be able to carry out the village sanitary rules than the sanitary inspector who would have to look after 7 or 8 Hoblis. He must be made to submit his weekly diary to the District Sanitary Officer in a prescribed printed form. He should also be made responsible to apprise the District Sanitary Officer about the outbreak of any epidemic disease in his hobli.

3. By adopting the two expedients I have mentioned I consider great improvement may be caused in the matter of public health in the rural areas.

4. Regarding the starting of a Medical Faculty, I consider there will not be enough of material to work upon in Bangalore. So long as graduates are required for the State service only, not more than 3 or 4 recruits would be appointed every year and to have a Faculty to turn out 3 men in a year would be a great fallacy. Madras, Bombay and Calcutta have been centres of higher Medical education in India and they would continue to be so as long as there are such immense trade communications with these ports. Bangalore Hospitals would never offer such variety of cases as the Hospitals in the three great centres mentioned. The men trained in Bangalore would never be able to see such variety of cases as even the Sub-Assistant Surgeons trained in the Royapuram Medical School. Further if a Medical Faculty is opened in Bangalore though there are sufficiently large number of Hospitals both in the Civil and Military Station and City, unless the Medical Officers of both the places are appointed professors and there is distinct collaboration between the Medical Officers of the two sets of Institutions the clinical training of the students would suffer.

5. The sub-assistant surgeons form a useful class of subordinate medical officers. They are all matriculates or have passed S. S. L. C. examination, and about their ability and usefulness men more experienced than Dr. Mylvaganam have testified. They really form the back-bone of the State medical service. If some have not shown themselves up to the mark it may be partly due to the innate callousness which is evident even in higher grades of all services and also to the lack of opportunities afforded to them to improve their knowledge of the profession. When medical relief is extended, the sub-assistant surgeons would be the only persons who would have to be posted to the dispensaries.

6. Dr. Mylvaganam has made very unkind remarks about the District Medical Officers. He might have received cases for operation from the other district head-quarters, and which might have been due to lack of capable assistance or nursing in the mofussil Hospital. During the great war when I.M.S. men were called away on military service almost all the district hospitals in India were controlled by men who had graduated in India and particularly so was the case with the hospitals in the Madras Presidency. The various Governments have during successive years of war eulogised the services of the men who had passed out from the Medical Colleges in India. It is possible that the training imparted in Ceylon is of very inferior kind and that is why so many of them had to go to England to obtain British qualifications. Many of the men in the Madras Presidency who possess British qualifications are those who failed to pass the Degree examinations of the Madras University.

7. Dr. Mylvaganam states re Influenza that no effort was made by the Sanitary Department to investigate into the causes of the epidemic. I would like to ask the Doctor if the epidemic was confined to Mysore State only or to the whole world and if the real cause has been found out by the experts in the other parts of the world. I would also like to ask him, if a vaccine has been prepared, whether it has been advertised to prove as efficacious as in the case of typhoid or plague? I consider the Doctor should not have made such a statement in the face of the fact that the real organism causing the disease has not yet been found. It has been stated by many bacteriologists that it is filter-passable. That the disease is not insect-borne is amply proved by the course it adopts and such experiments as were carried out in the Panama regarding Yellow Fever, would be futile. The Doctor would do well to remember that while the results of surgical explorations are dogmatic, those of bacteriological investigations in many cases are only problematic.

8. Dr. Mylvaganam seems to have a vague idea of the work to be done in a Bacteriological Institute. Any man who has passed the D. P. H., has full training to do bacteriological work in any laboratory. He can prepare vaccine only, but he cannot prepare sera. The only State Institute (that I know) where sera are prepared in England is the Institute at Elstree, and the only sera that have been proved to be of real value are antidiphtheretic and anti-tetanic. The Doctor would be kind enough to inform the Government how many cases of diphtheria and tetanus he has been getting for treatment. The cost of preparing sera for diphtheria and tetanus for all cases that are occurring in India would be 100 times more than of getting them from a recognized Institute in Europe.

9. When highly qualified physicians and surgeons are required for the State Hospitals, why is a pathologist required to diagnose the cases for the surgeon or physician? The surgeon or physician should be his own pathologist. The argument of Dr. Mylvaganam that Ayurvedic and Unani systems are a system of pharmacy would only counterbalance his case, for when the pathologist has diagnosed the case, the surgeon or physician would only be a man of knife or pharmacy. It is quite a different question to ask for a pathologist for a college who should also be a good surgeon and physician.

S. RAMASWAMY IYER, L. M. P.

I may be kindly permitted to allude only to those points that refer to my class of men viz., Sub-Assistant Surgeons.

In para 3 of Dr. Mylvaganam's notes he earnestly suggests to replace sub-assistant surgeons with medical graduates and then only he hopes to give adequate medical relief. No doubt, it is a very good idea, but how it helps the extension of medical relief to the rural parts that being the main object of the committee of which he was one of the members, is beyond one's comprehension. It is not so much of Trephining laboratory and Cæsarian section that is required, in several places, for such cases are only few and far between, but few grains of quinine mixed with sympathy at the door of a malarial patient who can neither go over to any highly qualified medical man or pay the interest on the doctor's expense such as his voyage to and from Europe, including his boarding and lodging there and his present establishment according to his dignity and position.

As everybody knows we have to mainly depend on our poor salary though our brethren in British India are in better prospects regarding their pay and practice. We, here in Mysore, have to deal mostly with poor people almost on one meal a day and a few middle class people. On several occasions we have to travel to distant and godforsaken villages at our own risk both on the way and in the very height of epidemics and spending double or treble the amount we expect by means of T. A., which also is sometimes cooly disallowed when we keep our pockets ready.

Does a European qualified man or for that matter a graduate care to do such service?

Besides we like to know what an F. R. C. S. or F. R. C. P. can do in Yeslurpet and Sollebile dispensaries without necessary appliances. This amounts to more or less converting all the dispensaries into Victoria Hospitals. But is it possible financially? He answers by saying that question of expenditure should not stand in the way. But is it sane to jump into the expenditure without knowing one's own income? Granting the above scheme to be possible, still there is the difficulty of attending to the poor people who cannot attend such well-equipped institutions. So the suggestion if carried out means that money should be raised for funds probably by taxes from the poor and in return give them the honor of having a well-equipped, up-to-date institution. Ask bread and give stone policy.

Any way, it is consoling to find that Dr. Mylvaganam appreciates at least the past services of S. A. S. but sorry his experience of them has not gone beyond the walls of Victoria Hospital for the past few years. It is true Rome was not built in a day. Our class also went through the stage of infancy, childhood and is now in its prime of youth. To bring it to manhood is left to our own officers who can give necessary training and chance with sympathy, and never by decrying them. His plea for our inadequacy is that the course is only 4 years. When all the subjects cannot be taught, why not extend the term if necessary and why total abolition?

With regard to our educational qualification, almost all are either matriculates or failed F.A.'s. There are not much prospect of the training for 4 long years. In spite of all these, several of our men have won self-earned distinctions of service both in Civil and Military throughout British India, such as Rai Bahadurs, promotion to officer's grade winning prizes and medals. All that is required is only chance. Pecuniary and family circumstances come in the way of most men for further study. Religious scruples also are among the causes. When these are overcome we can't think that we lag behind the times of progress. Now-a-days forwardness amounts to impertinence and quietness to stupidity. If such be the policy how are we responsible for inadequacy?

All the I.M.S. Officers actually the originators, if I may call them so, and now the patrons of our class are speaking in glowing terms about the services of men in this class and their appreciation is shown by the constant changes in the designation and pay. New subjects are also being

gradually added to the curriculum. I think they that are in direct touch with our men all over the Peninsula are better qualified to judge our career than one who has seen only comparatively few of us.

Again he says that there are no Sub-Assistant Surgeons in Ceylon. It may be so, but I think what those styled as apothecaries are only equivalent to our cadre there being only change in name. About 8 years ago during my tour in India I took a fancy to visit Ceylon and I had the curiosity to see some of the Hospitals there. Though I cannot pretend to know much of the working of the institutions there was nothing extraordinary either in their equipment or in the treatment of patients. There may be some differences due to local needs for which we cannot convert Mysore into Ceylon.

Dr. Mylvaganam's hospitality has extended further. He says that district officers are also incompetent. It is only from these incompetent men officers like Dr. Arumugam and the late Dr. Achyuta Rao rose to the highest position in the State and are not behind anybody with regard to profession. In conclusion we heartily thank Dr. Mylvaganam for appreciating our past services and also recommending our pay to the Madras standard of 50—150.

N. S. NANJUNDIAH, L. M. & S. (Madras.)

It is certainly desirable to officer all our dispensaries with medical graduates and to open a well-equipped up-to-date Medical College staffed by highly qualified up-to-date professors with ability to undertake original research work.

Medical graduates in charge of dispensaries must undergo periodical post-graduate training at the Medical College and competent men from among these, sent out from time to time to England or America, to study up-to-date methods.

Medical science is too vast a subject for any one man, to catch more than a glimpse of it; hence our present men who are not lacking either in intelligence, or zeal, should be sent out every year, to specialise themselves in different branches of the Science.

Importation of professional men from outside may be economical to the State at present, but is not at all conducive to the progress of the subjects of the State in the long run.

If Government spends money now over our own officers it will be laying the foundation for improving the status and civilization of its own subjects, which it is the sacred duty of every State to do. Medical science has vastly progressed during the last 5 years and a sweeping change is necessary in the reconstruction of our Medical and Sanitary departments to keep abreast of the times. With regard to the working of the Sanitary department, it is highly desirable that a sub-assistant surgeon with sanitary qualifications is employed as a taluk sanitary officer with full executive powers to undertake all sanitary measures under the direction of the Sanitary Commissioner or a Central Sanitary Board.

Sanitary officers as they are now, are only advisory officers, actual execution of all important sanitary measures being left to the over-worked revenue department, which can never be expected to take any interest in professional matters. Local municipal councils with an executive sanitary officer is the only agency that can improve the sanitation of a place.

Unless and until this is done, no great improvement in sanitation can be expected in the State.

Although the tone and efficiency of our Medical and Sanitary departments require to be improved, this measure by itself will not be productive of much good, if full advantage of the benefits of these departments are not availed of by our apathetic public.

Educative measures by introducing compulsory study of Hygiene and Bacteriology into our boys' and girls' schools and education of the public by repeated magic lantern and cenema shows, by taluk sanitary officers, may open the eyes of the people to the necessity of resorting to scientific institutions for relief of bodily ailments.

Accustomed, as the public are at present, to medical relief being brought to their very doors, some relief in the shape of ayurvedic and unani dispensaries will have to be given for some time to come in hoblies and villages.

It rather surprised me to see an article by Dr. H. B. Mylvaganam appear in the pages of the Mysore Gazette before all aspects of the question raised therein were considered by the Mysore Medical and Sanitary Association.

The establishment of a Medical College is also desirable, as this gives an opportunity for our own men to take post-graduate courses. Undertake original researches, if any, and on the whole keep up with the progress of the Medical Science in other countries.

Now that the Government has already sanctioned the establishment of an Ayurvedic College at Mysore, all medical men of our own department ought to press on the Government the necessity for having a Medical College of our own.

Some of our own officers might now be sent out to qualify themselves in higher branches of Medical and Sanitary Science so that they may be able to fill professorial chairs, when a Medical College is opened in Mysore.

I think it desirable that official matters of personal or controversial nature should not be allowed to be hurried into print until all the aspects of the matter are carefully considered before several sittings of such an assembly as the Mysore Medical and Sanitary Association.

C. RAJAGOPAL MUDALIAR, B.A.,M.B.,C.M. (Madras).

The remarks made by Mr. H. B. Mylvaganam in his note are unjust, undeserving and uncalled for. His experience of medical graduates of Indian Universities and especially his experience as an administrative officer is practically very little. His experience of the district officers and their abilities is very little. This little experience of his hardly can warrant his, unguarded sweeping remarks of officers who have put in more experience in the medical profession than himself. He seems to attach very little importance to experience. In his dictionary the saying " An old physician and a young lawyer" seems to be absent.

I strongly protest and say that his remarks are unjust, undeserving and far from the truth. Indian graduates are in no way inferior in their capabilities and some of them who had chances like himself have proved in no way inferior to England-returned men in their abilities and usefulness. Most of the Indian medical graduates who were and who are in charge of the District Hospitals and those who were and are in charge of taluk dispensaries and have done almost all the major operations, with present equipment and assistants as successfully as are being done in big institutions by England-returned men backed up with many advantages. Whether Mr. H. B. Mylvaganam has based his remarks on the equipments alone or on the actual results is a questionable point. The complete note of Mr. H. B. Mylvaganam instead of helping the Government in being constructive is creating new difficulties by being destructive.

In conclusion I beg to submit this as my protest against his remarks and I think that it will not be an easy matter for any Indian graduate to serve such an officer actuated with such deep-rooted prejudices against Indian degrees.

V. MUTHUSWAMY DOSS, L. M. & S. (Madras.)

I. Adequacy for the Present Organisation for Medical Relief.

The organisation is undoubtedly inadequate and as the Government observe there are 20 vacancies in the cadre of sub-assistant surgeons. During periods of epidemic diseases, sub-assistant surgeons working in the district hospitals are drawn upon, depleting the institution and dislocating all work. The vacancies should be filled up ; but there should also be a reserve of 10 p.c. of the total strength distributed among the different district hospitals. The Committee recommend the appointment of sub-assistant surgeons, as assistants to the assistant surgeons to keep them at major operations in certain important centres. In places like Mudigere, Koppa and Saklespur where the services of the Assistant Surgeon in charge of the dispensaries are required by the coffee planters, it is very desirable that an assistant should be given to these places first in preference to others, as it is found, that when the assistant surgeon goes away on a call, the dispensary is left to the irresponsible care of the compounder. Seringapatam being very near to Mysore and approached by railway communication the need for an assistant to the Assistant Surgeon does not seem necessary. It is in the experience of many lay men that, where a large institution is popular, cases not only in the near vicinity but also from moffusil stations invariably prefer such institutions to minor dispensaries ; no matter who may be in charge.

The posting of a junior sub-assistant surgeon under a senior sub-assistant surgeon in certain places with a large population or to centres of commercial activity is not commendable. The present functions of sub-assistant surgeons trained as they are in modern methods of treatment, medical and surgical, are always thorny on the side of the senior man, whom they run down as belonging to the old school and not up to present-day requirements. This will naturally lead to unpleasantness. Constant fighting will be the inevitable result and the District Surgeon has to sit in judgment over their quarrels. If a place is considered important, an Assistant Surgeon may be appointed for that place straight off. In the matter of increasing the Medical institutions in different Districts, the choice is left to the district boards. The more influential member of a district board will plead for his own taluk and he will gain his object earlier than the bad nodding members in whose taluk a dispensary may be an urgent necessity. The selection of places should be by hoblies and the nearness or otherwise of the medical relief available. Whether it has to have a dispensary or vaidyasale should be decided upon by the number of villages attached to it, its population and revenue.

The direction, in which district hospitals are to be reformed, is in the appointment of competent men, men able to deal with all surgical cases, instead of simply directing even cases requiring immediate reliefs, to Bangalore or Mysore either by train or motors. A man makes an institution popular by his skill, kindness, sympathy and above all accessibility. The Victoria Hospital at Bangalore requires to be properly overhauled. The medical wards should be in charge of Assistant Surgeons, designated Physicians; and the surgical wards also similarly placed. Medical and surgical cases should not be mixed up as is the present practice. The Assistant Surgeons so appointed should be permanent fixtures. Frequent transfers should be stopped the longer a Physician or a Surgeon remains in the Institution, where facilities exist for improving one's knowledge and experience, the more beneficial it will be to the public. Life is dear to a man ; he must be sure that he entrusts his life to a safe hand. A Surgeon or a Physician should not be disturbed for full 5 years. Only such men should be posted to the charge of District Hospitals. The Medical Officer in charge of the V. H. or the Sri Krishnarajendra Hospital in Mysore should invariably be a Surgeon designated first Surgeon and the Assistant Surgeon called second Surgeon, the physicans called first Physician and second Physicains, according to service and seniority.

II. Necessity of increasing the number of Hospitals and Dispensaries, etc.

The point has been partly dealt with in Para 1.

This necessity for a Women and Children Hospital in Bangalore and Mysore is a great desideratum. The maternity hospitals do not admit general diseases among women and the general hospitals admit mostly surgical cases. A separate hospital for women and children under a Physician and Surgeon is a very desirable consideration. Such institutions exist in Madras.

The Lunatic Asylum and the Leper Asylum must each be placed in whole-time charge of an Assistant Surgeon, who should specialize in the treatment of the unfortunate mortals. An incurable diseases hospital quite independent of the E. D. hospital in charge of a senior sub-assistant surgeon is recommended.

III. Feasibility of extending Medical Aid through Ayurvedic and Unani Systems of Treatment.

Whatever the merits or demerits of these systems of medicine, the general public have greater faith in them than in allopathy. The vegetable and mineral kingdoms abound in many valuable drugs. Many such drugs are lost to the world by the vydian or hakim being very conservative by keeping his knowledge to himself, not even imparting it to his own kith and kin, until the last moment, when he tries to teach it when it is too late. Knowledge thus gained is imperfect and his successors make a mess of the whole system of treatment, such as to bring it into disrepute. As at present practised, these systems may be compared to simple shooting. The vydian or hakim delights in mixing a large number of drugs in all his preparations whether it be a pill, decoction, legiyam, churnam or halva. Such preparations may contain certain drugs which may act beneficially on the system. What is required in these systems is standardization. The therapeutic actions of the various drugs must be determined and the doses properly regulated. To do this vydians and hakims should undergo training in recognized Ayurvedic and Unani Institutions. After a course of training there, they must undergo a course in "First aid," without which knowledge, a vydian or hakim cannot be said to be of use to the public. They must be able to treat all accidents and render first aid.

IV. Improving Female Medical Aid throughout the State.

The establishing of a female Dispensary is not so desirable as the establishing of a maternity. Females and children could resort to the general dispensary for common complaints ; a maternity in charge of a lady apothecary or sub-assistant surgeon is what is most felt all over the State. Many women die for want of trained help at confinements and many children die for want of proper handling during or after birth. If a female dispensary is opened, provision must be made in it for receiving labour cases, to obviate the necessity for a special maternity for financial considerations. Local dhayis should be made to undergo training for at least 6 months in any of the large maternities or for that matter in any of the district hospitals or dispensary where labour cases are admitted. Any dhayi practising midwifery without a certificate must be penalized. These dhayis do more harm than good to the lying-in women. It is only providential that many women escape the ordeals of child-birth at the hands of these untrained, clumsy women. Scholarships should be given to them during the period of training with free quarters and uniform allowances.

The maternity at Bangalore is not up to date. One of the latest model must be erected. If this is done, the old one may be converted into a women and children Hospital.

V. Programme for the next 5 years, etc.

The idea of starting a Medical Faculty at Bangalore is premature in the present economic condition of the State. The present medical school started just 2 years ago must be improved. The State requires more sub-assistant surgeons than medical graduates. Madras and Bombay Universities turn out more graduates year after year than are wanted. The sub-assistant surgeons

are the back bone of the service and they must be largely employed and put in charge of the several dispensaries that are to be opened. A medical graduate would not condescend to be in charge of a hobli dispensary. A medical school has yet to be built and fitted with up-to-date appliances, etc. If this is perfected all the requirements of the State could be got from this institution. If graduates are required, the present practice of giving scholarships, Indian and foreign, may be continued, and deserving students sent out for qualifying themselves. These could be taken in service as they return qualified. I think the idea of a Medical Faculty is more a luxury at the present stage for a small state such as ours.

Dr. Mylvaganam's ambitions are very high and in his zeal he has forgotten even the decorum and professional etiquette he owes to his brother officers in the State. He condemns, outright, the whole lot of medical officers in the State. He is as much a servant of the State as any other officer and who is he to sit in judgment over the merits and capacities of his brother officers. Dr. Armugam, the revered head of the department, knows the merits of each and every officer in the State and he gives each his due deserts, holding the scale of justice evenly. He, as the representative of the Medical Department in the Government, is alone competent to pass remarks upon his men, be he an officer or a subordinate. I should think that Dr. Mylvaganam's denunciation of the medical and sanitary officers in the State as incompetents is most uncharitable whilst being audacious. I hereby strongly protest against his remarks calculated to lower us in the estimation of the public. What is it that makes a man efficient and proficient? It is, I should say opportunity. Put any man in a position, quite foreign to him. Practice makes him perfect. To give an instance the late lamented Dr. S. V. R. Iyengar was not a specialist, but given the opportunity of handling eye cases mostly, did he not become a practical specialist in eye diseases. Does not the present Ophthalmic Hospital in Bangalore owe to his zeal and popularity as an eye doctor? What experience Dr. Mylvaganam had of district hospitals or of sanitary work to know the inner-working of these departments, to arrive at such condemnatory opinion? To sum up his remarks are most unparliamentary and unprofessional and call for strong protest in justice to myself and the service as a whole and I hope the Government will take the necessary steps to vindicate the justice of our united protest.

VI. Question of adjusting the financial responsibility of Government, Municipal and Local Bodies, etc.

The present economic distress all over the State has interfered with the income of local bodies. The programme for the next 5 years is an ambitious one. Money must be found. I recommend that the initial cost must be borne by the Government and the subsequent up-keep be met in the proportion of two to one by the Local bodies and Government respectively. If the former are unable to bear the burden, a small cess called the Medical and Sanitary cess, may be imposed.

VII. Immediate requirements of the department.

The pay of Assistant Surgeons and Sub-Assistant Surgeons must be made more attractive. An assistant surgeon started on Rs. 120 takes 20 years to reach the first grade. Taking for granted that an assistant surgeon enters the service in his 25th year of age, by the time he reaches the first grade he will be 45 years old. He has 10 years after that for retirement. Who knows how long he has to wait to get into the Surgeon's grade? He has to wait for vacancies. Having got into the Surgeon's grade he is not sure when he will get the next grade and by the time he gets into the 5th or 4th grade he completes his 55 years of age, when he would be retired. I would therefore suggest the desirability of making the pay progressive rising by annual increments from the very early grade.

The pay of sub-assistant surgeons must be made more attractive by adopting the Madras scale. The pay and emoluments received here being insufficient to meet even the ordinary wants, have driven many young and competent men to resign here and seek employment elsewhere.

The pay and prospects of the compounders, as sanctioned in the Government Order, must be given effect to immediately, as their poor lot has driven many to resign and seek employments in other walks of life.

S. VARADIENGAR, L. M. S. (Madras).

All are agreed that hospitals should be well-equipped and manned by duly qualified officers and subordinates. But the sweeping remarks Dr. Mylvaganam has made condemning most of the medical and sanitary officers and subordinates of the State call for a strong protest. The medical officers of the State are drawn from the graduates of the Madras and Bombay Universities, while the subordinates are drawn from the Sub-assistant surgeons' class trained at the Rayapuram Medical School, Madras.

Before he could condemn these men I would like to know what opportunities the Doctor had to acquaint himself with the workings of the Madras Medical College, or the Rayapuram Medical School. Was he ever a student, a professor or an examiner in any of these Institutions? For aught I know his activities after coming over to India were confined to the 4 walls of the Victoria Hospital barring a few calls at Bangalore and some outside stations. Has he ever had an opportunity of examining district head-quarter institutions? How many district hospitals has he visited and examined, if so, when?

Taking the Sub-Assistant Surgeons' class they are drawn from men who get a solid training at the Rayapuram Medical School. The activities both on medical and health matters of men like Messrs. U. Rama Rao, D. Venkappa and others is a sufficient guarantee of their merit. Why the British Government itself has remarked that the Sub-assistant surgeons form the back bone of the medical profession in India. Is that not a sufficient proof of their worth and usefulness either here or anywhere else? If they have done good work in the past as the Doctor himself acknowledges, under a present improved training, it must necessarily fall to reason that their work must be better in future.

Taking our Health department into consideration to say that it is not efficiently managed may I know if the Doctor had ever any chances of working in the Health department or supervising its work. If the Health department has not found out the root cause of Influenza the Doctor must know that research work of that nature must take its own time and cannot be solved in a moment either for him or anybody else. So far as combating the epidemic of Influenza is concerned, I, having worked in the interior of the province, can safely affirm that all measures that could be adopted in a sudden pandemic like Influenza were fully adopted under the circumstances. Accommodation regarding patients' dieting and medical relief were amply provided for, even in the villages in the interior. If the arrangements in the interior were all that could be under the circumstances, they must have been far better at head-quarter towns. The percentage of success in combating the epidemic is far higher here than in the adjacent dominions.

Under these circumstances I see no reason how the Doctor could have come to the conclusions he has expressed in the note. If he should once come over to Robertsonpet and pay a visit to our hospital he will find that although the institution is managed by a graduate of the Madras University with no additional English qualifications and assisted by graduate of the same University and sub-asssstant surgeons, he will be forced to change his opinion of the staff regarding the quality and the quantity of the work turned out here. So likewise in other district hospitals.

Under these circumstances I strongly protest against the uncalled for remarks made by the Doctor, and strongly urge that measures may be taken against them in the manner that they deserve.

W. SREENIVASIENGAR, M.B., C.M. (Madras).

The Medical Colleges at Madras and Bombay have been latterly refusing to admit candidates for M.B. and L.M.S. classes, the reason being that for something like 70 or 80 seats or so, available, there are 300 or 350 applications every year. Students for medical degrees from Mysore State have to be provided with seats either in a college in Mysore or elsewhere. This is necessary. The Medical School and College at Madras is over 82 years old and in spite of the resources of the Madras Government, they are unable to provide for extra students: how the Mysore Government can start an up-to-date college in July next, is what I fail to understand. When the Indian graduates from Bombay and Madras are considered wanting, and men with English University diplomas are preferred, what the prospects in the world are to be like, of the medical graduates to be turned out, from the Mysore Medical College to be started afresh, I cannot make out. It seems to be too premature to attempt to start the college before the buildings and the necessary equipments are ready; recruiting of capable professors is also a difficulty.

As regards other points, I have only to say, it is a mere repetition of the scathing denunciations of the then editor of the British Medical Journal (Mr. Ernest Hart) who lectured 29—30 years back in the Presidency towns of India, which were resented by the South Indian British Medical Association and duly replied also. Medical men differ: their individual capabilities and prospects differ: opinions also differ.

P. R. SUBBA RAO, L. M. & S. (Madras.)

I am confining myself to the remarks made by Mr. Mylvaganam on the professional efficiency of medical men in the State. I hold that Mr. Mylvaganam was not at all justified in calling the medical graduates of the best of the universities in India as inexperienced, incapable and unfit to carry on any professional work. His condemnation does not confine itself to the medical graduates of Indian universities only but extends also to others, because he says that there is not a single medical man in the State fit to be in charge of the medical wards in the Victoria Hospital or to carry on any bacteriological work in the Public Health Institute. This undoubtedly reflects upon the medical graduates of the English Universities also. I wish to know what opportunities Mr. Mylvaganam had to test the individual professional capacity of medical men in the State. His note does not make it clear whether he poses himself an eminent physician or a skilful surgeon. If former, one is eager to know what original contributions he has made of his elaborate research work to the leading medical journals of the world and what distinctions he has obtained till now. If latter, much less, to our great disappointment, he being a F. R. C. S. (Eng.) can be said to be forthcoming of his skill as a surgeon. None of us have ever heard of or read any of his able contributions wherein he has displayed his surgical skill. No doubt he may have done some common place operations which one usually comes across while working in an hospital like the Victoria and which can be performed by most of the Sub-assistant surgeons whom also he has decried in his note, if these are also given the same opportunities and privileges. After all it is the opportunities that make a man.

In short, I consider Mr. Mylvaganam's remark as a slur on the medical men of the State and is not a matter to be leniently passed over. To keep silent over this is to confess that we are worthless refuse of the department. I request you all gentlemen to unanimously pass a resolution to move the Government to direct Mr. Mylvaganam to withdraw his remarks and to tender apology, or if the Government be not prepared to do so to grant us individual permission to seek redress in a court of law.

P. SHAMA RAO, B.A., L.M.S. (Madras.)

In so far as the following propositions are concerned, as noted by Dr. H. B. Mylvaganam in his note, I quite agree with him, and I would very much desire that the committee would urge the Government to take them up for execution one by one without further delay :

1. The construction of a new up-to-date Lunatic Asylum, a lying-in hospital with a ward for children and women ; and addition of some more wards to the Victoria Hospital, Bangalore, with a new block of buildings for the O. P. Department of that institution.

2. Improvements in the institutions for the lepers and the incurables.

3. Improvements in the district hospitals, and the few dispensaries in the State where assistant surgeons are being posted. Dr. H. B. Mylvaganam writes " The officers in charge of these district institutions are mostly incapable men." This is not true : If startling work is not shown in these institutions, it does not follow that the officers in charge thereof are incapable ; but only reflects much on the bad equipment of the hospitals. I wonder what grand work the Doctor would have done, if he was placed similarly. Besides it is wonderful how he could make such a sweeping remark from Bangalore, without having seen at least once the several district headquarters of the State. This only proves that he must have written it with a prejudiced mind. So long, as the Government has not properly equipped the several medical institutions in the State, it is no fault of the officers in charge thereof, if grand operations as " Trephining for the depressed fracture of the skull, herniotomy, or removal of ovarian cyst or a uterine fibroid, or even plating in a case of compound fracture of femur" are not being done by them: If the district hospitals are not properly equipped for such surgical work, the humble local fund dispensaries are worse still. Less said, the better about them. " The number of men with European qualifications is very few in Mysore, and we need more men with European training to be in charge of the district hospitals. These hospitals require to be made more attractive and useful by placing efficient men in their charge. Promotion by seniority in service has been the cause of retrogression in the past." These remarks are very strikingly one-sided and prejudiced. I would very much like to know if the medical officers on the State with European qualifications, as F.R.C.S. (Eng.), etc., have done any better or even original work till now than what a man with an ordinary, humble Indian degree has done. We have all seen that our respected Senior Surgeon Dr. T. V. Armugam did not leave India for such highly talked of European degrees ; but I dare say he is one of the best Surgeons in India. What have these men with European qualification done extra which our surgeons as Dr. Asirvatham, Dr. C. A. Nanjappa, and Dr. Md. Usman have not done till now.

4. The increase of pay to Sub-assistant surgeons in the State, and of compounders, and the equipment of the dispensaries for doing major operations, are urgently required. I quite fall in with Doctor's proposal in this respect.

In the note, Dr. H. B. Mylvaganam has been ever comparing Mysore State to his country Ceylon. This is rather peculiar. Probably this is the only country about which he knows something regarding the Medical Department. A comparison of the same as existing in the several Presidencies of British India would have been better, and would certainly have been a better standard.

He speaks of replacing the Sub-assistant surgeons by graduates in medicine in one place, and at another place he advocates an increase of pay for them as per the Madras standard. These two facts are no doubt inconsistent. Again he wants the course of the Sub-assistant surgeons to be increased by another year. I do not agree in this point. If the professors of the Medical School have not been able to give the students sufficient training during the precious and long four years of the course, I wonder how much will they do better by an additional year. Besides the profession is such that much more is to be gained by experience than by lectures

in the pulpit by an able and learned Professor with a European qualification. The salient and essential parts of the profession having been told to them, and the "pukka" foundation for the profession having been laid, these people must be encouraged in all way to gain experience in the profession. Otherwise any amount of lecturing from the platform on Medicine and Surgery and other subjects—all without experience and practice to a sufficient degree—for any number of years will not produce better and startling results. What is wanted is that they should have better scope for doing useful work, better equipped dispensaries and hospitals in the State, and better remuneration that will keep them enthusiastic to attain a high standard in work.

If feasible, the medical officers, who happen to be in charge of the district hospitals, may be sent to Europe to attain some higher qualification, or training in some special branch of the Medical Science.

On the whole I am not for replacing the Sub-assistant surgeons by graduates in medicine all over the State, knowing as I do here what amount of work is available in places other than the big cities of Bangalore and Mysore.

Taking into view that there are not sufficiently well-equipped institutions of a high order in the State for establishing a Medical College, I am of opinion that at present a faculty in Medicine is not required for the State. We have not got a good clinical hospital of large number of beds and having patients of various diseases, not a good maternity hospital, not a proper lunatic asylum nor a well-equipped and up-to-date hospital for the infectious diseases.

Now regarding his remarks about the sanitary department, I have to say that several officers in the department have been doing useful work. He says "No effort was made by them to investigate into the causes of the epidemic of Influenza." This statement is rather too cutting. The Government of India itself own this and also felt that it was not able to cope with the epidemic last year. Such being the case, I wonder why the sanitary department of our State should be branded with this unjustifiable remark. The remark "we have not a single competent man at present in the sanitary department," is very sweeping and general. I wonder as to how the author of this could realise the abilities of several officers in that department, being himself without the A. B. C. of such a qualification required for the department. The remarks of this sort seem to have been done with a prejudiced mind and with some ulterior motives. On the whole, to sum up my views, I am of opinion that the medical institutions require to be improved all over the State, proper facilities to be given to the men in charge thereof for doing a high-class work, and sufficiently attractive remuneration to be given to the several members of the institution; that an opening of a Medical College in the State does not seem to be urgent, and the class of Sub-assistant surgeons should be retained in the service. The graduates in medicine, as are likely to be an asset to the State, should be sent for European training for some special subject and thereafter retained in service.

While speaking of the Ayurvedic and Unani systems of medicine, the writer of the note condemns them, and says that "they have no books on Pathology, Physiology, etc." This is not true. I wonder how he could have known anything about a system of medicine over which he has not spent even a day. As a man knowing somethimg of ancient system of medicine, I say that there have been books on Pathology and allied subjects.

There is "Madhava Nidanam" for Pathology and several others on such subjects. By all means these indigenous systems of medicine should be encouraged.

V. SREENIVASA MUDALIAR, L.M.S. (Madras).

My thanks are due to Dr. H. B. Mylvaganam for most of the valuable points he has touched upon in his notes especially regarding the Maternity Hospital, the Epidemic disease camp, and the Lunatic Asylum. Now I shall mention my opinion on some of the points, as it appeals to my judgment.

1. Men with European qualifications to be in charge of district hospitals :—This is not necessary. What we want is efficiency. Mere European qualification is not a criterion. What does it matter to which University one belongs? One can go to Brussels and take his M. D. in a considerably shorter time than an M. B. in Madras. Our Senior Surgeon Dr. Armugam, Dr. Chandrasekar, Dr. Kesava Poi, and some of the physicians in Madras General Hospital are, if I am right, not men with European qualifications. So unless one specialises himself in a certain branch of medical science, it is no justification I should think to call an Indian University man inferior to an European qualified man.

2. Render district hospitals more attractive by placing efficient men in charge :—Mere placing of efficient men is no good unless the hospital is equipped up-to-date at the same time.

3. Promotion by seniority has been the cause of retrogression :—Promotion by merit will be justified only when every medical officer is given equal chances, posted in equally well-equipped hospitals for surgical and medical work. Take for an example, two assistant surgeons, one posted in a well-equipped hospital under an officer who allows him without restrictions, surgical and medical work, and who may be kind to give him clinical lectures, and another unfortunate fellow posted to a dispensary in some corner of the district without these advantages, but on the other hand, loaded with much responsibilities, cholera and plague works to boot and compare their relative positions, opportunities, responsibilities, troubles, and the leisure at disposal, I am sure that in the matter of giving promotions by merit under these circumstances it is not in the least to be recommended.

4. Replacing Sub-assistant surgeons with graduates :—Then there is no necessity for dispensaries. Every dispensary must be replaced by a well-equipped hospital, to attract people to western remedies, and to be ourselves better exponents of Western Medicine. Full efficiency cannot be gained, if European qualification is taken as a criterion, by merely replacing Sub-assistant surgeons with graduates but by replacing the latter as well again in course of time by Europe returned men.

5. Starting of a medical college at once :—It can be seen from the note submitted by Dr. H. B. Mylvaganam that there is no Bacteriologist, Genealogical and Midwifery specialist, Lunacy professor, Professor of Medicine, Professor of Physiology, Pathology, etc., worth mentioning in the Mysore Medical Service. If this is true, I don't think a college could be started at once, but only when these wants are completely supplied.

6. To depute a raw recruit to England to study Bacteriology, etc. :—All eminent men to begin with were raw recruits I should think. This reminds me of the proverb "Rome was not built in a day." I do recommend such a deputation to England but I do not gainsay appointing an eminent Bacteriologist in our State, as such specialist is very essential.

T. BALAKRISHNA, L. M. S. (Madras.)

I went through the views expressed by Mr. B. K. Narayana Rao and I fully agree with the same.

A. SESHAGIRI RAO, L. M. & S. (Madras.)

Dr. Mylvaganam has admirably worked out the scheme. His zeal, oneness of purpose and love of profession and country deserve the admiration of and praise from every lover of this Province. I wish to divide the subject into two, first his scheme and next his condemnation of the existing staff of officers.

I wish to offer my remarks on his proposal first. He is quite right in wishing to have a Medical College opened for the sons of Mysore. It is getting harder and harder to get seats in other colleges. This big province needs many. At present medical aid dribbles down from cities to villages. The latter hardly get any medical aid. So a Medical College is sorely needed either in Mysore or Bangalore with separate enlarged Maternity, Eye Hospital and a Bacteriological Institute. It must be well-equipped with first class museum and laboratories. All the professors must be experts in their subjects and whole-time officers. Hostel arrangements must be made close by for all students. Students for L.M.S., M.B., and Sub-assistant surgeon class should attend the same lectures.

Poor students of all denominations to be encouraged in their desire to become medical men by scholarships. All graduates must undergo one more year's course to specialize in a desired subject. The Bacteriological Institute must be under the Pathology Professor with 2 assistants where students can have practical training. Sera may be prepared and students may take up research work. It must be equipped with all modern scientific paraphernalia.

If this is done our province will have worked out the first principle of humanity. No fear of congestion. There is room for every medical man that comes out of the college for many years to come and he will have every requisite to help the sufferers.

2. If the College becomes an accomplished fact, I would place a sub-assistant surgeon in charge of a group of 4 to 5 villages, a graduate in taluk head-quarter and a surgeon in district head-quarters. The latter to have a senior graduate, a lady doctor and 3 sub-assistant surgeons and 2 trained nurses to help him. The district hospitals should be enlarged and provided with all up-to date appliances and necessaries. The Surgeon will be a consultant and supervisor for the district. In this way towns and villages will equally benefit.

3. Neither a Sub-assistant surgeon, assistant surgeon nor a surgeon should be compelled to stop for more than 3 years in any charge. All must have equal chances in all big hospitals. There cannot then be room for stagnation, favouritism and promotion by selection. Every one will work with zeal and whole-heartedly, and Dr. Mylvaganam's plea for promotion by merit will vanish.

4. Doctor Mylvaganam has condemned the present heads of district hospitals, I believe, by his utter ignorance of the conditions under which they work and by his zeal to accentuate the necessity for a College. It is the district work that trained 3 eminent Medical Officers that brought the Victoria Hospital to what it is now. Poor district medical officers are touring officers weighed down with clerical work with little time for regular hospital work. They have few helpers and nursing is primitive, equipment is insufficient and unmodern. It is no wonder that patients are attracted to premier hospitals where everything is tiptop. It is no better in the British

district hospitals manned by I. M. S. men with several qualifications. I am sure if Europe qualified men are kept long in such hospitals, they too will be in the same category. On the other hand, we must give praise for the work done in the little time the district medical officers find at their disposal.

Poor sub-assistant surgeons also are attacked. The major portion of the hospital work is done by them. It is they that do the thankless work in small towns conscientiously and zealously relieving the sufferings of the poor villagers and others that cannot go to big hospitals. They are a clever hard-working lot, working as clerks, as ordinary warders and snubbed by all. The sub-assistant surgeons' class is the back bone of the State Medical Department. They deserve all honour and silent glory. Instead of spending 4 years in medical studies, if they had taken to others, their initial pay would have been higher, and with their intelligence and hard work, they would have risen to higher salaries than what a senior sub-assistant surgeon now gets. In these two instances, I beg to differ from Dr. Mylvaganam.

As regards sanitary department breaking down during Influenza time, it is well known that every such organization in the world broke down and as such Mysore Sanitary Officers, a mere handful, were not angels to do more than what they did and that too was great and strenuous. They did not spare themselves in organizing every kind of relief even in remote corners. It is the despised D.P.H. that has transformed Mysore and Bangalore to what it is now. They do not deserve blame. It is not their fault if they have no first class Bacteriological Institute. I am sure they will be the first to undertake research work and preparation of sera if they are given what they require in the shape of graduate assistants and other accessories.

L. RAMAKRISHNA RAO, L. M. & S.

The Mysore Gazette is an authoritative public weekly, widely circulated, and read by many throughout the State, and also outside the province. In such a Gazette, I am very sorry to read certain damaging statements made by Mr. H. B. Mylvaganam, Officer in charge of the V. H., Bangalore, a well-known hospital throughout India. I cannot express with what bitter feelings I read his memo.

My D. M. O. was in the station, where I was then working and immediately I went to him, showed him the Memo and requested him to take action against the officer who wrote the memo.

The Medical and Sanitary Departments have fallen low in the estimation of the public, after the publication of the Memo. I wish therefore to repudiate the damaging statement made against the department so as to restore the confidence of the public.

I ask Mr. H. B. Mylvaganam, why a good number of young men and women go to Madras for medical training from Ceylon and seek services elsewhere. Why should a highly qualified England returned medical man accept a low salary and work in this State under a local medical graduate decrying the local graduates all the time.

When local medical graduates, in cities like Bangalore, Bombay, Madras and Calcutta have established their name and fame far and wide, earning thousands of rupees per month, there is no good decrying the local talent. When a man has no opportunity to utilize his knowledge, it becomes rusty. It requires sharpening now and again. There is no good to brand him as incompetent, incapable and so on.

I. M. S. officers after they come to India, learn to perform operations. They are given the opportunity to perform operations. Of course practice makes them perfect. They make their name, whereas, we have to fight against great odds, ignorance, and pertinacity of the public.

A district officer is the administrative head of the district. He has lot of office work to get through, besides being in charge of the district lock-up. In my opinion, his assistant medical officer is practically responsible for the working of the hospital. The district medical officer ought not to be blamed if he has not got proper assistants to help him in the work.

The local medical graduate with little training and practice can hold his own against any specialist.

The qualifications mostly required for an efficient and capable medical man are sympathy and conscience and not degrees and diplomas of England and India.

I know of at least one Madras medical graduate who can manufacture sera and vaccines, at present in Mysore Service, not to speak of retired medical gentlemen, and those in Madras.

The Medical staff, provided for the Victoria Hospital, as per recent G.O. is quite adequate. An inexperienced assistant surgeon in charge of medical wards, is supposed to be guided by the medical officer in charge. After all, what is required in the medical wards is careful nursing. The London physician cannot take credit for having cured cases of enteric, pneumonia and other acute illnesses. The chronic cases take their own course in spite of all physicians. For teaching purposes a London M. D. is very welcome, for treatment, I prefer a good nurse and a qualified medical man with commonsense.

To make Western Medicine and Sanitary Science popular, the masses ought to be educated and civilized. If the masses are centuries behind our progressive sciences, medical men ought not to be blamed. Would you believe, I had no opportunity to give one hypodermic injection for over six months? It is very hard to overcome the prejudices of the masses. Lot of missionary work has to be done, at least in the Moffusil.

The economic condition of the people was responsible for the havoc of Influenza. Neither doctors nor sanitarians were responsible. After all what was wanted was careful nursing and fresh air. The sanitarians are an advisory body. They have no executive authority. The executive body should be held responsible for the bad sanitation not the sanitary officers. What I say in the end is, give us the opportunity. We learn. For God's sake don't brand us as incapable.

B. R. NAIDU, L.M. & S.

Dr. Mylvaganam is right when he says that Mysore State should have more and better equipped medical institutions, so that it may be on a level with other rapidly advancing countries of the world. Mysore being an ideal and progressive State should not be left behind in the race of modern scientific development.

I quite agree with his opinion that district hospitals and other important medical institutions should be officered by capable and efficient men; but I do not think that efficiency will be found only among those of Western qualification. I am forced to recall on this occasion the pitiable figure of some of the raw Lieutenants of I.M.S., sometimes cut before the students of the medical college. I remember that in my student's career in the Madras General Hospital, a Lieutenant could not control bleeding during an operation for piles. Students had to go out and fetch some senior surgeon to stop the bleeding. Some of the brilliant Surgeons of the Madras Presidency had raised the mortality from their operations so high in the early part of their career as to alarm the Madras public who were obliged to move their representative in the Madras Legislative Council to put a question to the Government on the subject. I am sure many more instances of similar nature can be recalled in the experience of other medical men during their career. It is after their arrival in India, and after making the best use of the materials and opportunities at their disposal, that they bring credit to their Western degrees and diplomas. They are placed in high and responsible posts with all facilities for improvements, and then they become experts. Hence, efficiency for the posts spoken of by Dr. H. B. Mylvaganam can be found among the present officers of Indian qualification as well. More than mere qualification, it is the spirit of investigation of enquiry, and the ambition of making the best use of one's own time and facilities at his command that turn out authorities and experts. It is these valuable qualities that conduce to efficiency. The greatest advantage of Western training, in my opinion, is the implanting of these admirable qualities on the minds of the students by the great medical professors in the British Isles and other western countries, but not the mere stock of knowledge acquired at the time of passing the western examination. They become efficient and even experts after a short time in India. But these qualities cannot be argued as the monopoly of the western lands. How many Indians are there not who occupied and who are occupying the highest posts with remarkable credit to themselves and to the department they belong with purely Indian qualifications!

Hence it is unjust and unfair to presume competency in an officer, simply because he is possessed of an European qualification. In Madras Presidency, all candidates irrespective of Indian or Western qualification are made to sit for the competitive examination for appointment into the medical service, and are not shown any preference for the supposed efficiency of the European qualification.

The idea of starting a Medical College in Mysore is premature, and it will be a failure, if it be not properly equipped and ably officered. Unless the college be of such a standard of efficiency as western institutions, and capable of commanding respect from other parts of India at least, it will be a failure; the medical graduates from the local college will curse their fates, if they are not provided with appointments in the State. The training in the medical college should be of such a quality as to command respect from outside the State. Unless the State is prepared to import physicians and surgeons of world repute, professors who are authorities in their subjects, from the different parts of the world, the local degrees may share the fate of those granted by the national colleges of Bengal, which are not recognised by the Government of India. The very name of the professors should carry weight with the degrees. If such a kind of college be not possible of realization from a financial point of view, the medical college proposed might be wisely postponed for the present; all the efforts and resources should be

directed to improve the quality of education given in the medical school already started, which may be gradually developed in future into a college after more experience is gained, and after the medical subordinates turned out from the local medical school are proved to be efficient and satisfactory in their work.

Regarding the management of the Victoria Hospital, the premier hospital of the State, Dr. H. B. Mylvaganam is right when he says that posting inexperienced assistant surgeons to be in charge of various wards is unsatisfactory. Experienced assistant surgeons who have shown their ability in medicine, or surgery, and who possess the qualities of activity and industry and who take deep interest in their work should alone be selected for the posts, and should be given full responsibility over their respectivs wards as the I.M.S. men are given over their wards in the General Hospital, Madras.

The pay of the Sub-Assistant Surgeons should be raised with the starting salary of Rs. 50 to 150 per mensem. Their course of study in the local medical school should be extended to 5 years, so that they may be taught pathology and bacteriology, the two strong pillars on which the modern medical science rests.

Department of Public Health in Mysore.

OFFICE OF THE SANITARY COMMISSIONER
WITH THE GOVT. OF MYSORE.

Bangalore, Dated the 22nd January 1920.

No. G. 628
Enc. One

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Sec. to Govt.
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From

A. K. PANI, ESQ., D.P.H., etc.
Offg. Sanitary Commissioner with the Government of
H. H. the Maharaja of Mysore, BANGALOR.

To

C. S. Balasundran Iyer, Esq., B.A.,
Chief Secretary to Government,
B a n g a l o r e.

Sir,

I have the honor to forward for favor of disposal the accompanying note received from Mr. W. Srinivasiengar, District Medical and Sanitary Officer, Kadur District on the note submitted to Government by Dr. Mylvaganam as member of the Committee appointed to consider the question of providing increased Medical relief to the State.

I have the honor to be,

Sir,

Your most obedient servant.

A K Pani

Offg. Sanitary Commissioner.

18361.

From

The offg Sanitary Commissioner in Mysore

To

The Chief Secretary to Govt

Dated 22.1.1920.

Despatched

Received

General No. P.C. 218

No.

Enclosure No. /

Submitting a note received from the District Medical and Sanitary officer, Kadur district, on the subject of Medical Relief in the State

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The Daily Post of 11th November 1919.

4

A MEDICAL MEETING.

A meeting of the members of the Medical Profession was held on Sunday Evening last in the City to discuss the Note recently submitted to Government by Dr.H.B.Mylvaganam,F.R.C.S. as member of the Committee appointed to consider the question of providing increased medical relief in the State. Dr.H.Srinivasa Rao M.D., D.P.H. etc., retired Sanitary Commissioner was voted to the Chair, and the following ladies and gentlemen were present:-

Miss.R.Govindarajalu,Mrs.B.Pervarton, Messrs A.K.Pani, A.Amrutaraj, Asirvathan,P.G.S.Rao, Puttanna, J.V.Mascarnhas, Manker,Mahomed Usman, Dominic,Fernandiz,Abboy Naidu,Srinivasachar, Krishnamurthi Rao, Narohna,B.Nanjappa, Esvaramurthi,Varadiengar,and several Sub Assistant Surgeons from the City and the Civil and Military Station. Many of the Medical Officers in the District who were unable to come sent in their views in writing and letters of sympathy with the objects of the meeting were also received from several others. The following resolutions were unanimously passed at the meeting.

That this meeting places on record its sense of indignation at the uncalled for, and unprofessional remarks of Dr.H.B.Mylvaganam on the Medical profession in all its branches(moved by Mr.S.Amrutaraj and seconded by S.Varadiengar).

That the meeting resolves to respectfully request the Government to call upon Dr.Mylvaganam to withdraw his notes(moved by Mr. Mascarnhas and seconded by Mr.Asirvathan).

The Third resolution moved by Mr.B.Nanjappa and seconded by Mr.F.Fernandiz authorised the chairman to submit the proceedings of their meeting together with the written memorandum received from muffusil medical men to the Chief Secretary to Government to the Senior Surgeon and the Sanitary Commissioner.

With a vote of thanks to the Chairman, the meeting terminated.

" E X T R A C T "

District Medical and Sanitary Officer,
Madur District.

APPENDIX III

Page 757 Part I Mysore Gazette dated August 28th 1919.

Paras 1, 2, 3, 4 and 5 of the Notes separately furnished by Doctor H.B.Mylvaganam.

Refn(i) There are more Medical Institutions in Cylon with over 4½ Million of people, than in Mysore with over 5½ million and all Medical men either licentiates of Cylon Medical College or Diplomates of English University. No Sub Assistant Surgeon there whose training is necessarily inadequate. In Mysore Sub Assistant Surgeon are to be gradually replaced by graduates, and this can be done only by opening a Medical College, and, utilising all the graduates turned out during the next 20 years, or so and we have to flood the villages and Taluks, with graduates, who will be proper experients of Western medicine.

x x x x

Refn(ii) Their method of treating Cholera is most antiquated.

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Indian Medical graduates who have served in the malnad district all these so many years have done what was necessary to treat cases of malaria anchylostoma, plague, cholera, influenza etc., and the report of their medical and sanitary works has been duly recognised and recorded both officially and by the public(Vide records of Souvenars presented to Dr. C.A.Nanjappa, Mr.Ramachandra Rao,L.M. & S., and many others) and the promotions given.

Modern methods of treatment for Cholera, Influenza etc have been adopted all along. I knew of no cases where antiquated methods of treatment were adopted, either by Assistant or Sub Assistant Surgeons or others.

The author of the Note under comment has served in the Victoria Hospital only all his eleven years of service in Mysore, and, I am, at a loss to know, how he derived his knowledge of antiquated treatment of cholera at all, as he has not given any specifiec instances thereof.

Judging by the number of Government Medical Institutions in a State, or, Province, is only one of the several aspects of reviewing the adequancy, or otherwise of the Medical Relief. This does not necessarily lead to the inference that all the medical relief by the people is traceable to these only and no other source(Vide My Note to the District Committee of the Economic Conference on the progress of Hindu Vaidyasalas in Mysore, Kadur District).

Dr.C.A.Nanjappa who served in the Kadur and Hassan Districts for 14 years or so was the receipant of several sovenars from the public and the Government have recognised his services by promoting him.

Although he was an England returned man, he rose through the grades, like other Indian graduates of the Madras University only, till he was given a special grade later on. It is needless to multiply the names.

Anchylostomia, Plague, Cholera, Malaria, Influenga, Small-Pox etc., have all been successfully treated by Medical Officers and subordinates with Indian Qualifications only.

I wish Dr.H.B.Mylvaganam had toured, atleast once through the village and Taluk Dispensaries, and ascertained the facts before he gave his note, published now, his experience has been confined to Victoria Hospital and Bangalore, all these 11 years.

Uptodate treatment of cholera has been adopted, the contrary may be proved by specific instances.

Reforms iii) Our District Hospitals are badly equipped and officered. The Officers in charge of these institutions are mostly incapable men. The number of men with European Qualifications is very few in Mysore, and, we need more men with European training to be in charge of the District Hospital

Hospitals, promotions by seniority in service has been the cause of retrogression in the Past.

This seems to be a wholesale and unjust condemnation of the good work turned out by Indian Medical Graduates placed in charge of the District both past and present.

Excepting Mr.Subba Rao the present District Medical Officer of Shimoga District, I knew of no District Medical Officer who had been the receipant of English Medical qualification, amongst officers posted to the District Medical charge till now.

It is news to me learn from the Gazette Notification that the District Medical Officers who happened to be all Indian Graduates only, were incapable men and the Government allowed such a thing for two or three decades past.

The present Senior Surgeon and his predecessors in office rose to be departmental heads after being distinguished District Medical Officers, in Mysore, Shimoga and Bangalore Districts, and they are Indian Graduates, and have had no European Qualification.

INCAPABILITY OF DISTRICT MEDICAL OFFICERS(INDIAN GRADUATES).

What the cause of incapability of District Medical Officers is, is not definitely stated, nor, any attempt made to shift the same. Is their incapability, moral, mental, or physical, professional or all-combined? Were they incompetent when they graduated and were diplomed? or is it after entry into Government Service? If it is the former the University is to blame for passing them and if it is the latter, the environments they were placed in and the authority that placed them are to blame partly atleast, if not wholly, it is the dept discipline and nature of the service that carve out their future.

If the environments and the nature of the rural or Urban service is mostly the sole determining cause of the subsequent incapability of the District Medical Officer, a short trip to British Isles passing an examination with the help of professional coaches and obtaining a diploma, or two will help very little to avert these conditions, or remove the cause of deterioration by service.

Refer U

INSTANCES ARE NOT WANTING IN MALNAD DISTRICTS WHERE MALARIA AND ANCHYLOS-TO-MIASIS ARE PLAYING HAVOC AND THE ARE SAPPING THE VITALITY OF THE INHABITANTS.

Malaria and disease survey in malnad was effected by the Health Officer, Kadur District and his opinion before the District Malnad Improvement Committee meeting was that depopulation in malnad was not due to more malaria or other disease than in maidan, but it was due to the poverty of the ryots and the consequent inability to stand the inclemency of the malnad weather and rough it out. Liquor also helped a great deal for the deterioration.

District Medical Officers, Assistant and Sub Assistant Surgeons, have done their very best to treat these cases, and, cure them successfully so far as it lay in their power, it is a pity they were not able to cure their poverty, or to put a stop to their drink habits acquired recently.

Refer

REPLACING GRADUALLY THE SUB ASSISTANT SURGEONS OF LOCAL FUND DISPENSARIES BY GRADUATES.

Those at Tarikere, Mudigere and Koppa Local Fund Dispensaries have, already been replaced by local graduates in medicine, as also other important dispensaries in other districts like Davanagere and Saklespur. But as to the question of providing graduates to the charge of all the Hobli and village dispenasries, it may be an ideal to be kppt in view, but the practical difficulties are the "Ways and Means" as remarked by the Senior Surgeon in his minutes through the

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Committee money and men are not so readily forthcoming besides this, the rural population are still stuped in ignorance, till they are educated and civilised enough like the elite of Bangalore and Mysore City to appreciate the advantageous of European Medicine, they will not have much to choose between an Assistant Surgeon, and a Sub Assistant Surgeon and a Vaidyan and Hakim or one with Foreign Diploma.

As these Government Medical men are, mostly, birds of passage and are ever changing in short intervals, he prefers in some cases his own village vaidyan or, Hakim "to the Bird of Passage", however ignorant he may be, because, he is on the spot always, and easily accessible and much less costly.

Many a Sub Assistant Surgeon in out of the way malnad corner like Kalasa, Balur, Bidare, Santaveri, Lakkavalli, Attigundi and Balehonnur, have, officially, complained that they have to forget what they learnt in their college schools, and big hospitals, and that they have not even five or six patients per diem, and if they are stationed there, long, and out of the medical atmosphere, they will become in a very short time, useless medical men, and so forth, much more difficult will it be to compel medical graduates, and, men with English University Diplomas, to reconcile themselves to live and get on in such dismal unfrequented nooks and corners with ignorant village folk mankd who do not appreciate their higher medical education.

I wish the experiment had been tried with Dr.H.B.Mylvaganam himself, for 6 months or a year, atleast in hi the beginning of his service.

CONVERTING ALL SUB ASSISTANT SURGEONS INTO MEDICAL GRADUATES AND, IMPROVING THEIR KNOWLEDGE AND STATUS ETC. :-

As regards improving the courses of study and the knowledge of Sub Assistant Surgeons that is good by itself, but with their present course and diplomas they have been resigning Mysore Government Service, and getting into better appointments outside

Mysore, an extra year's course may help them all the more to secure better jobs elsewhere, much more so, if they succeed in getting a degree.

(2) MEN REQUIRED FOR DISTRICT WORK ARE DIFFERENT FROM THOSE MEANT FOR SPECIAL WORKS IN BANGALORE.

The men who are on district work although possessing English University Qualification will have to rest content with that sort of work and the specialists in Bangalore will ever be a head of them so, there are very few prospects of their raising to the highest post even for men with English Diplomas retting as District Medical Officers.

(3) THE APPOINTMENT OF A HIGHLY QUALIFIED LADY DOCTOR FOR THE MATERNITY HOSPITAL WHEN THE PRESENT INCUMBANT RETIRES HAS ALSO TO BE CONSIDERED NOW, SUCH AN OFFICER WILL BE URGENTLY REQUIRED FOR ~~TEACHIN~~ LEACTURING AT THE MEDICAL COLLEGE:-

The inference to be drawn from this is that the English University qualifications, and, the Indian qualifications of the present incumbant, are not to the mark, now, if this is so, what will that of the newly choosen candidate, be some decades hence if judged by this principal of ever changing standard?

(Is appended for kind perusal an Extract from the Daily Post which reflects the conjoint opinion of the Medical Officers assembled in meeting at Bangalore).

(4) MEDICAL COLLEGE MUST BE STARTED IN BANGALORE IN JULY 1919 NEXT. :-

It is learnt that, in the Medical Colleges, at Bombay and Madras, seats are latterly refused to Mysore applicants for admission, because for 70 or 80 seats provided, there are 300 or 350 applications registered every year. Mysore students for medical degrees are to be provided with seats either in those colleges, or in a college ~~in~~ started in the Mysore State, this is necessary.

The Medical School and College at Madras is over 82 years old, and in spite of the resources of the Madras Government they have not been able to provide for extra seats, while this is so, how the

the Mysore State can start an ~~M~~ up-to-date Medical College "In July next 1919". - Is what I fail to understand. I can't, also, make out what the prospects in the world would be like, of the Medical graduates to be turned out at this newly started, college, while the Medical graduates of the Madras and other Indian Unversities are condemned as incapable men and are recommended to be replaced by men with English University Qualifications.

It seems to me too premature to attempt starting the collage, before the building and equipments are ready, recruiting of capable professors, etc., is also a difficulty especially so if professors who have made a name in original research work, in particular subjects in the renowned Universities of Europe are to be tempted to become professors of the would be Mysore Medical College.

DISTRICT MEDICAL
AND
SANITARY OFFICER,
Kadur District.

Chikmagalur,
Dated

Department of Public Health in Mysore.

OFFICE OF THE SANITARY COMMISSIONER
WITH THE GOVT. OF MYSORE.

Bangalore, Dated the 29 Jan. 1920 *19*

No. G.C. 229
Enc. one

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From

A. K. PANI, ESQ., D.P.H., etc
Offg. Sanitary Commissioner with the Government of
H. H. the Maharaja of Mysore, BANGALORE.

To

C. S. Balasundaram Iyer Esq., B. A.,
Chief Secretary to the Government
of Mysore, Bangalore.

Sir,

I have the honor to submit herewith a copy of the proceedings of the medical meeting forwarded to me by Dr. M. Srinivasa Rau, M.A.,M.D.,D.P.H., - the Chairman of the meeting.

I have no remarks to offer except that it is left to the Government to consider if Mr. Mylvaganam - who was a member of the committee to consider the question of the adequacy of medical relief - was justified in passing remarks about the efficiency of the Government medical and sanitary officers, more especially about the latter regarding whom or the nature of their work he has absolutely no knowledge whatever.

I have the honor to be,

Sir,

Your most obedient servant,

A K Pani

Offg. Sanitary Commissioner.

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From

The Offg. Sanitary Commissioner in Mysore,
Bangalore.

To

The Chief Secretary to the
Govt. of Mysore.

Dated 29th. Jan. 1920

Despatched

Received

General No. G.C. 229

No.

Enclosure No. one

Submitting a copy of the proceedings of the medical meeting - received from Dr. M. Srinivasa Rau.

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